Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	רטו נווי	e 2017 calendar year, or tax year beginning 00	u i, zui/ allu	enumy C	UN 30, A	010		
В	Check if applicable	THINDIAKVO LYGOTYATION	COUNCIL		D Employer id	dentifica	ation number	
	Addre							
	Name chang	e Doing business as LANDMARKS ILI	LINOIS] 3	6-28	79987	
	Initial return Final return			Room/suite	E Telephone r		22-1742	
	termir ated	City or town, state or province, country, and ZII	P or foreign postal code		G Gross receipts	6	2,854,	501.
	Amen return	ded CHICAGO, IL 60602			H(a) Is this a g	roup ret	urn	
	Application	F Name and address of principal officer:BONN	IE MCDONALD		for subord			X No
	pendi	SAME AS C ABOVE			l .		luded? Yes	No
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c)() <	(insert no.) 4947(a)(1)	or 527	7		st. (see instructio	
		te: WWW.LANDMARKS.ORG	(H(c) Group exe		· · ·	,
			ciation Other >	1 Year			State of legal domi	cile: IL
_	art I	Summary	<u> </u>		-	1	o tato or rogar aonii	
	1	Briefly describe the organization's mission or most significant	anificant activities: HIST	ORIC F	RESERVAT	ION		
Activities & Governance	'	blichy describe the organization's mission of most sig	grimoarit activities. ======					
nai	2	Check this box if the organization disconting	nued its operations or dispo	sed of more	than 25% of ite	not acc	eate	
Ver	3	Number of voting members of the governing body (Pa					icis.	34
යි	4	Number of independent voting members of the governing body (in						33
∞ ∽	1	Total number of individuals employed in calendar year						9
ij								130
ੜਂ	6		(O) 15 10			•		0.
Ą		Total unrelated business revenue from Part VIII, colur						0.
	b	Net unrelated business taxable income from Form 99	0-1, line 34	·····		. 7b		
		0 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year 1,136,1	53	Current Yea	
ne	8	Contributions and grants (Part VIII, line 1h)			229,3		215,	
Revenue	9	Program service revenue (Part VIII, line 2g)						
Be		Investment income (Part VIII, column (A), lines 3, 4, and			331,6		473,	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			-155,0		-145,	
	12	Total revenue - add lines 8 through 11 (must equal Pa	. , , , , , , , , , , , , , , , , , , ,		1,542,1		1,727,	
	13	Grants and similar amounts paid (Part IX, column (A),			53,2		91,	703.
	14	Benefits paid to or for members (Part IX, column (A),		· -		0.		0.
es	15	Salaries, other compensation, employee benefits (Par			732,0		828,	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line Total fundraising expenses (Part IX, column (D), line 2	: 11e)	L	53,4	31.	55,	193.
ă	b							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		554,7		421,	<u> 118.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		1,393,5		1,396,	
	19	Revenue less expenses. Subtract line 18 from line 12			148,5	64.	330,	<u>591.</u>
Net Assets or Fund Balances				Ве	ginning of Current		End of Yea	
sets	20	Total assets (Part X, line 16)			9,161,8		9,494,	
t As	21	Total liabilities (Part X, line 26)			197,3			892.
	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		8,964,5	59.	9,403,	405.
P	art II	Signature Block						
Unc	ler pena	alties of perjury, I declare that I have examined this return, inc	cluding accompanying schedule	s and statem	ents, and to the be	st of my	knowledge and bel	ief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer)	is based on all information of wl	hich preparer	has any knowledg	e.		
Sig	ın	Signature of officer			Date			
He		▶ BONNIE MCDONALD, PRESIDI	ENT					
		Type or print name and title						
		Print/Type preparer's name Pr	reparer's signature		Date c	heck	PTIN	
Pai	d	DANIEL A. FORTMAN	. •		if	elf-employed	P003580	90
	parer	Firm's name WEISS & COMPANY LI	LP	I.	Firm's E		36-26632	
	Only	Firm's address 2700 PATRIOT BOULT		400	1 5 E			
	,	GLENVIEW, IL 60020		· - -	Phone r	n 847	-441-880	0
Ma	v the II	RS discuss this return with the preparer shown above			I HOHE I	1	X Yes	∪ No
ivid	y une li	no alboubb unio returni with the preparet Shown above	.: (355 II 1311 UCLIOH3)				. L 169 L	140

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PRESERVE, PROTECT AND PROMOTE ARCHITECTURAL AND HISTORIC RESOURCES
	IN ILLINOIS THROUGH ADVOCACY AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 133,631. including grants of \$ 91,703.) (Revenue \$ 133,631.) HERITAGE FUND GRANT PROGRAMS - SUPPORTED THE PRESERVATION OF VARIOUS LANDMARKS STATEWIDE THROUGH GRANTMAKING.
4b	(Code:) (Expenses \$
	ADVOCACY - PROVIDED TECHNICAL ASSISTANCE, STRATEGIC ADVICE, SITE VISITS, PROBONO SERVICES TO LOCAL ADVOCATES, PROPERTY OWNERS, AND ELECTED AND MUNICIPAL OFFICALS. PUBLISHED "MOST ENDANGERED HISTORIC
	PLACES LIST."
4c	(Code:) (Expenses \$ 50,993 · including grants of \$) (Revenue \$ 54,202 ·) EASEMENTS - OBTAINED AND MONITORED FACADE EASEMENTS OF BUILDINGS WITH HISTORIC SIGNIFICANCE.
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 610 , 812 .
	Form 990 (2017)

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LANDMARKS PRESERVATION COUNCIL

Form 990 (2017)

OF ILLINOIS

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		1
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

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LANDMARKS PRESERVATION COUNCIL

Form 990 (2017)

OF ILLINOIS

Part IV | Checklist of Required Schedules (continued) Yes No X **20a** Did the organization operate one or more hospital facilities? *If* "Yes." *complete Schedule H* 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х

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Note. All Form 990 filers are required to complete Schedule O ...

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 38			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 9			
	filed for the calendar year ending with or within the year covered by this return		01	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		40		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accurate (FDAD)			
E.o.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
-	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			v
_			8		X
9	Sponsoring organizations maintaining donor advised funds.				Х
a			9a 9b		X
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
ь 11	Section 501(c)(12) organizations. Enter:	100			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · ·			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
			Form	990	(2017)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>						Δ
Sec	tion A. Governing Body and Management					
		1.1	2.4[Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		ادد			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		Х
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:				
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the f	orm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure		_			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Section 501(c)(3)	s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest pol	icy, and	finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:				
	BONNIE MCDONALD - 312-922-1742					
	30 N MICHIGAN AVENUE SUITE 2020 CHICAGO II. 6	1602				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(1) MARK HENNING CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN	Average			n :	;)			(D)	(E)	(F)
(1) MARK HENNING CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	•	Position (do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
(1) MARK HENNING CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	nours per week		unles er an					compensation from	compensation from related	amount of other
(1) MARK HENNING CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	(list any	ctor						the	organizations	compensation
(1) MARK HENNING CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	hours for	Individual trustee or director				pe l		organization	(W-2/1099-MISC)	from the
(1) MARK HENNING CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	ganizations	al tru	onal ti		oloyee	comp				and related
CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	below	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
CHAIRMAN (2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	line) 1.00	<u>n</u>	Ë	Ð.	δ.	主旨	요			
(2) SANDRA RAND VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00	х		х				0.	0.	0.
VICE CHAIRMAN (3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00	72	\dashv					0.	0.	<u></u>
(3) BONNIE MCDONALD PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00	х		х				0.	0.	0.
PRESIDENT (4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	52.90	72	\dashv					0.	0.	<u></u>
(4) JOHN TULLY GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	32.70	х		х				143,369.	0.	0.
GENERAL COUNSEL (5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00	22						143,303.	0.	
(5) FRIEDA IRELAND TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00	х		х				0.	0.	0.
TREASURER (6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00		\dashv							
(6) RHONDA THOMAS SECRETARY (7) ANDREW AHITOW DIRECTOR		х		х				0.	0.	0.
SECRETARY (7) ANDREW AHITOW DIRECTOR	1.00									
(7) ANDREW AHITOW DIRECTOR		х		x				0.	0.	0.
DIRECTOR	0.50									
(8) GARY ANDERSON		х						0.	0.	0.
	0.50								-	
DIRECTOR		х						0.	0.	0.
(9) JOSEPH ANTUNOVICH	0.50									
DIRECTOR		Х						0.	0.	0.
(10) LEE BROWN	0.50									
DIRECTOR		Х						0.	0.	0.
(11) INGA CARUS	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JEAN FOLLETT	0.50									
DIRECTOR		Х						0.	0.	0.
(13) JOSHUA FREEDLAND	0.50									
DIRECTOR		Х						0.	0.	0.
(14) TIMOTHY FRENS	0.50									
DIRECTOR		Х						0.	0.	0.
(15) ARI GLASS	0.50									_
DIRECTOR		Х						0.	0.	0.
(16) KRISTA GNATT	0.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(17) JACOB GOLDBERG	0.50							_	_	-
DIRECTOR		Х						0.	0.	0.

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Page 7

Page 8

(A) Section A. Officers, Directors, Trus	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated		
	hours per week	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	ar	nount o	of
	(list any	ρ					É	from the	from related organizations	com	other pensat	rion
	hours for	direc.				pa		organization	(W-2/1099-MISC)		rom the	
	related	stee or	ustee			ensat		(W-2/1099-MISC)		org	janizatio	on
	organizations below	al trus	onal tr		loyee	comp					d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizatio	ıns
(18) JEFFREY GOULETTE	0.50	=	=	0	3	王亚	<u> </u>					
DIRECTOR		х						0.	0.			0.
(19) TIFFANY HAMEL JOHNSON	0.50											
DIRECTOR		Х						0.	0.			0.
(20) KATIE KIM	0.50											_
DIRECTOR	0.50	Х						0.	0.			0.
(21) NICK KORICANAC	0.50	,,							0			^
DIRECTOR	0.50	Х				-		0.	0.			0.
(22) BOB LEE DIRECTOR	0.50	х						0.	0.			0.
(23) JUDI MALE	0.50	^				\vdash		0.	•			<u> </u>
DIRECTOR	0.50	х						0.	0.			0.
(24) ERICA MEYER	0.50											
DIRECTOR		х						0.	0.			0.
(25) ADAM PRESSMAN	0.50											
DIRECTOR		Х						0.	0.			0.
(26) MARTIN V. SINCLAIR JR.	0.50											_
DIRECTOR		Х						0.	0.			0.
1b Sub-total								143,369.	0.			0.
c Total from continuation sheets to Part V								119,971. 263,340.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r												<u> </u>
compensation from the organization	iot iiiriited to ti	1030	iiott	ou ai	DOV	C) WI	110 1	eceived more than \$100	,,000 of reportable			2
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from				
and related organizations greater than \$15			•							4		Х
5 Did any person listed on line 1a receive or a										_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Schedul	e J 1	or s	ucn ,	pers	son				5		Х
Complete this table for your five highest co	mnensated in	den	ande	nt c	onti	racto	ore t	that received more than	\$100,000 of company	ation	from	
the organization. Report compensation for										Jacion		
(A)								(B)		((C)	
Name and business	address	N	INC	3				Description of s	services (Compe	nsatior	1
							_					
							\dashv					
2 Total number of independent contractors (ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi		חדי	TT T 7	<u>, m -</u>	<u> </u>	U NT 4	777				000	
SEE PART VII, SECTION	N A CON'.	τ. ΤΤ	NU.	7.T. 7	τOI	IN ,	oп.	₽₽.I.D		Form	990 (2	:017)

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36-2879987 OF ILLINOIS Form 990

Form 990 OF ILLING	JIS								36-287	9987
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	es, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average Position							Reportable	Reportable	Estimated
	hours	(c	heck	k all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee/ee	npen				organizations
	below	Individual trustee or director	nstitutional trustee	_	Key employee	Highest compensated employee	ie.			organization o
	line)	Indivi	Institi	Officer	Key e	Highe	Former			
(27) JJ SMITH	0.50									
DIRECTOR		х						0.	0.	0
(28) ANNE MARIE ST. GERMAINE	0.50									
DIRECTOR		Х						0.	0.	0 .
(29) MARTIN TANGORA	0.50									
DIRECTOR		Х						0.	0.	0
(30) WILL TIPPENS	0.50									
DIRECTOR		Х						0.	0.	0 .
(31) BLAIR TODT	0.50								•	
DIRECTOR	0 50	Х						0.	0.	0
(32) JACK TRIBBIA	0.50	Į.,						0.	0.	0
DIRECTOR (33) JOHN TULLY	0.50	Х						0.	0.	0
DIRECTOR	0.30	x						0.	0.	0 .
(34) CHRISTY WEBBER	0.50							0.	0.	0
DIRECTOR	0.30	x						0.	0.	0.
(35) AMY EGE	43.00									
DIRECTOR OF DEVELOPMENT & ENGAGEMENT						х		119,971.	0.	0.
								444 4-1		
Total to Part VII, Section A, line 1c								119,971.		

LANDMARKS PRESERVATION COUNCIL 36-2879987 OF ILLINOIS Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 79,025. 784,324. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 319,908 g Noncash contributions included in lines 1a-1f: \$ 1,183,257 h Total. Add lines 1a-1f Business Code 2 a PROGRAM INCOME 900004 Program Service Revenue 215,791 215,791 b f All other program service revenue 215,791 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 262,077 262,077 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 1,024,266 assets other than inventory b Less: cost or other basis 812,630. and sales expenses 211,636. c Gain or (loss) 211,636. 211,636 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 784,324. of including \$ contributions reported on line 1c). See Part IV, line 18 a 169,110 Other **b** Less: direct expenses 314,689 c Net income or (loss) from fundraising events -145579-145,579 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ...

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11 a b

1,727,182.

Business Code

10 a Gross sales of inventory, less returns

Total revenue. See instructions.

and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue

d All other revenue e Total. Add lines 11a-11d

689,504

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 91,703 91,703. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 700,962. 276,179. 273,375. 151,408. Other salaries and wages 7 Pension plan accruals and contributions (include 31,261 12,317. 12,192 6,752. section 401(k) and 403(b) employer contributions) 17,907. 46,290. 18,566. 9,817. Other employee benefits 9 50,064. 19,725. 19,525. 10,814. Payroll taxes 10 Fees for services (non-employees): a Management 423. 3,058. 2,635. Legal 42,737. 42,737. Accounting Lobbying 55,193. 55,193. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 422 750. 1,172. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,640. 3,299. 4,341. Office expenses 13 8,175. 8,175. 14 Information technology 15 Royalties 93,663 93,663. 16 Occupancy 8,563. 1,989. 310. 6,264. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 56,989. 10,586. 15,488. 30,915. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 16,271. 16,271. Depreciation, depletion, and amortization 22 15,063. 15,063. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ALLOCATION OF INDIRECT 0. 85,157. -131,842. 46,685. PRESERVATION & OTHER PR 95,545 78,757. 16,788. 15,572. BANK CHARGES 15,572. 14,429 14,429 d MEMBERSHIP EXPENSES 42,241. 20,254. 12,405. 9,582. e All other expenses Total functional expenses. Add lines 1 through 24e 1,396,591. 610,812. 456,389. 329,390. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			654,684.	1	705,375
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			456,785.	3	201,975
4		Accounts receivable, net				4	
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec		-			
μ		employees' beneficiary organizations (see instr)				6	
Assets		Notes and loans receivable, net			7		
8 \$		Inventories for sale or use				8	
9		Prepaid expenses and deferred charges			92,172.	9	56,447
		Land, buildings, and equipment: cost or other			- ,		,
"		basis. Complete Part VI of Schedule D	10a	31,020.			
		Less: accumulated depreciation		23,272.	6,965.	10c	7,748
11		Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	. ,	11	, -
12		Investments - other securities. See Part IV, line	7,869,005.	12	8,448,215		
13		Investments - program-related. See Part IV, line		13	, ,		
14		Intangible assets	32,286.	14	24,537		
15	5	Other assets. See Part IV, line 11			50,000.	15	50,000
16		Total assets. Add lines 1 through 15 (must equ			9,161,897.	16	9,494,297
17		Accounts payable and accrued expenses		161,004.	17	33,517	
18		Grants payable	36,334.	18	57,375		
19		Deferred revenue	·	19	•		
20		Tax-exempt bond liabilities			20		
21		Escrow or custodial account liability. Complete			21		
1		Loans and other payables to current and former					
<u> </u>		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
ة ₂₃		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		•		25	
26	6	Total liabilities. Add lines 17 through 25		_	197,338.	26	90,892
		Organizations that follow SFAS 117 (ASC 958					
ဖွ		complete lines 27 through 29, and lines 33 ar					
ဋ 27		Unrestricted net assets			8,047,103.	27	8,530,587
28		Temporarily restricted net assets			917,456.	28	872,818
29				[29	
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
5		and complete lines 30 through 34.					
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20)	Capital stock or trust principal, or current funds				30	
ğ 31		Paid-in or capital surplus, or land, building, or ed				31	
ร์ อี 32		Retained earnings, endowment, accumulated in				32	
ž 33		Total net assets or fund balances			8,964,559.	33	9,403,405
34		Total liabilities and net assets/fund balances			9,161,897.	34	9,494,297

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			182.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	96,!	591.
3	Revenue less expenses. Subtract line 2 from line 1	3			591.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			559.
5	Net unrealized gains (losses) on investments	5	1	03,0	080.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5,3	175.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,4	03,4	405.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2h	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	, [

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

LANDMARKS PRESERVATION COUNCIL **Employer identification number** Name of the organization OF ILLINOIS 36-2879987 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf furnished by a governmental unit to the organization without charge through 3 to the organization without charge through 3 to the organization without charge through 3 to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources. 9 Net income from through 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines? through 10 Cross receipts from related activities, etc. (see instructions) 12 Trest five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage	 al
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organization, check this box and stop here Section C. Computation of Public Support Percentage	
Section C. Computation of Public Support Percentage	
	· <u> </u>
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	
	<u>%</u>
15 Public support percentage from 2016 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	•
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	٠
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	·
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

50/	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
	• • • • • • • • • • • • • • • • • • • •	() 0040	#1.0044	() 0045	(0 00 4 0		(0 =
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1 051 013	1 224 202	1 120 100	1 126 152	1 164 257	E 004 722
_	include any "unusual grants.")	1,051,813.	1,324,392.	1,128,108.	1,136,153.	1,164,257.	5,804,723.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,051,813.	1,324,392.	1,128,108.	1,136,153.	1,164,257.	5,804,723.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5,804,723.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,051,813.	1,324,392.	1,128,108.	1,136,153.	1,164,257.	5,804,723.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	450,679.	290,382.	90,408.	331,637.	473,713.	1,636,819.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	450 650		0.0 1.00	224 625	450 540	
	Add lines 10a and 10b	450,679.	290,382.	90,408.	331,637.	473,713.	1,636,819.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,502,492.	1,614,774.	1,218,516.	1,467,790.	1,637,970.	7,441,542.
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	78.00 %
	Public support percentage from 2016					16	78.93 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	117 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	22.00 %
18	Investment income percentage from 2					18	21.07 %
19a	33 1/3% support tests - 2017. If the	-					
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orgar	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation If the organization	n did not obook o	hay on line 14 10c	or 10h abaali th	is how and see inc	twictions	

Schedule A (Form 990 or 990-EZ) 2017 OF ILLINOIS Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	F 1.		
	5b		
	5c		
	6		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	40		
	10a		
	10b		
m 9	90 or 99	0-EZ	2017

Pa	rt IV Supporting Organizations (continued)			.900
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OF		
9	activities but for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) helpy	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions.						
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see			

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	ion D	- Distributions		(Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		
2		unts paid to perform activity that directly furthers exemp			
	organ	nizations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	unts paid to acquire exempt-use assets			
5	Quali	fied set-aside amounts (prior IRS approval required)			
6	Other	r distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distril	butions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provi	ide details in Part VI). See instructions.			
9	Distri	butable amount for 2017 from Section C, line 6			
10	Line 8	8 amount divided by line 9 amount			
		•	(i)	(ii)	(iii)
Secti	ion E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distril	butable amount for 2017 from Section C, line 6			
2	Unde	erdistributions, if any, for years prior to 2017 (reason-			
	able o	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Appli	ed to underdistributions of prior years			
h	Appli	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
		ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distril	butions for 2017 from Section D,			
	line 7	ý: \$			
a	Appli	ed to underdistributions of prior years			
b	Appli	ed to 2017 distributable amount			
С	Rema	ainder. Subtract lines 4a and 4b from 4.			
5	Rema	aining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2017. Subtract lines 3h			
		the from line 1. For result greater than zero, explain in			
		VI. See instructions.			
7		ss distributions carryover to 2018. Add lines 3			
	and 4	-			
8		kdown of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017

LANDMARKS PRESERVATION COUNCIL

Schedule A	(Form 990 or 990-EZ) 2017 OF	ILLINOIS			36-2879987 _{Pag}	ge 8
Part VI	Supplemental Informati Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	on. Provide the explain, 3c, 4b, 4c, 5a, 6, 9a and 3; Part IV, Section	ı, 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3	l 11c; Part IV, Section B, line 3a, and 3b; Part V, line 1; Pal	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions	s), then			
•	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
Nan	ne of organization LAN	DMARKS PRESERVATION	N COUNCIL	Empl	oyer identification number
	OF :	ILLINOIS			36-2879987
Pa	art I-A Complete if t	he organization is exempt u	inder section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the	organization's direct and indirect po	olitical campaign activities	in Part IV.	
	•	expenditures	. •		
	Volunteer hours for political				
	· · · · · · · · · · · · · · · · · · ·				
		he organization is exempt u			
		cise tax incurred by the organization			
		cise tax incurred by organization mar			
		a section 4955 tax, did it file Form 47			
4a	Was a correction made?				Ves No
	o If "Yes," describe in Part IV.	<u> </u>			() (6)
Pa	art I-C Complete if t	he organization is exempt u	inder section 501(c)	, except section 501(c)(3).
	•	xpended by the filing organization for	•		
2	Enter the amount of the filin	ig organization's funds contributed to	o other organizations for se	ection 527	
3	Total exempt function expen	nditures. Add lines 1 and 2. Enter he	re and on Form 1120-POL	,	
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes L No
5	Enter the names, addresses	s and employer identification number	(EIN) of all section 527 po	olitical organizations to which	ch the filing organization
	made payments. For each of	organization listed, enter the amount	paid from the filing organiz	zation's funds. Also enter th	ne amount of political
	contributions received that	were promptly and directly delivered	to a separate political org	anization, such as a separa	ate segregated fund or a
	political action committee (F	PAC). If additional space is needed, p	provide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

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Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated as lobbying expenditures). led box A and "limited control" provisions apply.	group member's nam	e, address, EIN,
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	16,957.	
	gislative body (direct lobbying)	1,276.	
	d 1b)	18,233.	
		1,378,358.	
	s 1c and 1d)	1,396,591.	
f Lobbying nontaxable amount. Enter the amo		214,659.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	53,665.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If there is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?		[Yes No
	4-Year Averaging Period Under section 501(h) a section 501(h) election do not have to complete all	of the five columns b	elow.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount	197,112.	184,757.	214,354.	214,659.	810,882.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,216,323.		
c Total lobbying expenditures	26,296.	33,241.	31,154.	18,233.	108,924.		
d Grassroots nontaxable amount	49,278.	46,189.	53,589.	53,665.	202,721.		
e Grassroots ceiling amount (150% of line 2d, column (e))					304,082.		
f Grassroots lobbying expenditures	24,455.	30,914.	28,973.	16,957.	101,299.		

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(b)
of th	e lobbying activity.	Yes	No		Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?			4		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			_		
	Media advertisements?			\dashv		
	Mailings to members, legislators, or the public?			\dashv		
	Publications, or published or broadcast statements?			+		
	Grants to other organizations for lobbying purposes?			\dashv		
	Direct contact with legislators, their staffs, government officials, or a legislative body?			+		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			+		
	Other activities?					
	Total. Add lines 1c through 1i			-		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912			-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), the complete if the organization is exempt under section 501(c)(4), sect	n 501(c)	(5) or	Sec	ction	
. u.	501(c)(6).	311 00 1(0)	(0), 0.	00.	50011	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		[1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	r? ;	3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OI	₹ (b) F	art	III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		<u>L</u>	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year			a l		
b	Carryover from last year			b		
С	Total		·····	:c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u>L</u> i	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical				
_	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
	t IV Supplemental Information				10/	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines	3 1 a	nd 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LANDMARKS PRESERVATION COUNCIL OF ILLINOIS

Employer identification number 36-2879987

Schedule D (Form 990) 2017

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	1		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	297,885.		
5	Did the organization inform all donors and donor advisors in		sed funds	
	are the organization's property, subject to the organization's	_		No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
		······································	77	No
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e		orically important land area	
	Protection of natural habitat	X Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the la	st
	day of the tax year.		Held at the End of the Tax	
а	Total number of conservation easements		2a 55!	5
b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c 550	0
d			i	
	listed in the National Register			5
3	Number of conservation easements modified, transferred, re			
	year ▶ 0			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements i		37	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year	
	▶ 1071			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year	
	▶ \$47,383.			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170		
	and section 170(h)(4)(B)(ii)?		Yes X	No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for	
	conservation easements.			
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	other Similar Assets.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,	
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part	XIII,
	the text of the footnote to its financial statements that descr	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, histo	orical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ıblic service, provide the following amo	ounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		> \$	
h	Assets included in Form 990 Part Y		•	

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	dule D (Form 990) 2017 OF ILLII				011		36-28			age 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	ıt are a si	ignificant	use of its	collection	n item	S
	(check all that apply):									
а	Public exhibition	d		hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further t	he organizati	on's exe	mpt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or oth	er similar	assets		_		
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered '	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	<u> </u>								
1a	Is the organization an agent, trustee, custodia							7		,
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial acco	unt liabil	ity?	L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	50,000.	50,000.	50	0,000.		50,000.		50,	000.
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	50,000.	50,000.	5(0,000.		50,000.		50,	000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
	Temporarily restricted endowment ▶ 100	0.0 0 %								
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	•	tion that are held a	ınd administe	red for th	he organiz	zation			
	by:	3				3		Γ	Yes	No
	(i) unrelated organizations							3a(i)		Х
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the							0.0		
	t VI Land, Buildings, and Equipm		William Tariao.							
	Complete if the organization answered		. Part IV. line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or ot		or other		ccumulate	ed l	(d) Book	c value	
	2000 India of property	basis (investm		(other)	٠,	preciation		(4) 500.	· vaia·	-
1a	Land	<u> </u>								
	Buildings									
	Leasehold improvements									
	Equipment		3	1,020.		23,2	72.	•	7,7	48.
	Other			•		, -				
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 1	10c.)			ightharpoonup	•	7,7	48.
. 5.0		, 2 333, . are	,	/			Schodule			

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other (A) COMMON STOCK	E 600 2E0	END-OF-YEAR MARKE	ת זות דות ח
	5,690,358.		
(B) CORPORATE BONDS (C) REAL ESTATE INDEX FUNDS	1,251,308. 344,677.	END-OF-YEAR MARKET	
CHORD BERN THE COLUMN	344,077.	END-OF-IEAR MARKE.	L VALUE
	140,668.	END-OF-YEAR MARKE	י זאוודי
(-)	1,021,204.	END-OF-YEAR MARKE	
(* 7	1,021,204.	END-OF-IEAR MARKE.	L VALUE
(G)			
(H)	8,448,215.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	0,440,213.		
Part VIII Investments - Program Related.	5 000 B . N/ II		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line 1 (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or er	ad of year market value
	(b) book value	(c) Method of Valuation. Cost of el	id-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line 1	11d Soo Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 15.	(b) Book value
(1)	- Cocompaiori		(b) Book value
(2)			
(3) (4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 2	5
1. (a) Description of liability		b) Book value	<u>. </u>
(1) Federal income taxes		,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements	that reports the
Liability for different tax positions. If I art Alli, provide	THE TOY OF THE TOOLHOLE TO	ano organización o intantolal ocacemento	and reports the

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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	n Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,188,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	103,080.		
b	Donated services and use of facilities	2b	44,020.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	147,100.
3	Subtract line 2e from line 1			3	2,041,871.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-314,689.		
	Add lines 4a and 4b			4c	-314,689.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,727,182.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,750,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	44,020.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	314,689.		
	Add lines 2a through 2d	•		2e	358,709.
3	Subtract line 2e from line 1			3	1,391,416.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,175.		
	Add lines 4a and 4b			4c	5,175.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,396,591.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	mation.		
PAI	RT II, LINE 9:				
THI	E ORGANIZATION DOES NOT REPORT REVENUE OR E	EXPENS	SE ASSOCIAT	'ED I	WITH
COI	NSERVATION EASEMENTS WHEN THEY ARE DONATED.	TH	IS IS BECAU	SE '	THE
ORG	GANIZATION HAS DETERMINED IT IS NOT REQUIRE	D TO	ESTIMATE S	UCH	A VALUE.
THI	E ORGANIZATION RECORDS REVENUE FROM CASH DO	NATIO	ONS RELATED	TO	THE
EAS	SEMENT PROGRAM. EXPENSES CHARGED TO THE EA	SEME	NT PROGRAM	ARE	FOR
EMI	PLOYEE TIME SPENT AND FEES ASSOCIATED WITH	THE I	ESTABLISHME	NT,	INSPECTION,
MOI	NITORING, AND DEFENSE OF EASEMENTS.				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
	IDDITATIVA DIDUGU BURGUSA				24.602
FUI	NDRAISING - DIRECT EXPENSES				-314,689.

Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING - DIRECT EXPENSES	314,689.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DEPRECIATION PER BOOKS VS TAX	5,175.
	•

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

OMB No. 1545-0047

LANDMARKS PRESERVATION COUNCIL Name of the organization OF ILLINOIS

Employer identification number 36-2879987

Fundraising Activities required to complete this pa	5. Complete if the organization answ rt.	vered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rate a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicit. f Solicit. g X Special or oral agreement with any individual Part VII) or entity in connection with	ation of ation of al fundra al (includ profess	non-g gover ising ding o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PATRICIA HURLEY & ASSOCIATES	THE LEGENDARY LANDMARKS	Yes	No			
- 205 W. WACKER DR., STE	CELEBRATION		Х	897,949.	55,193.	842,756.
Total 3 List all states in which the organizati or licensing.	ion is registered or licensed to solici		utions	897,949.	55,193.	842,756. egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 OF ILLINOIS 36-2879987 Pag

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BUILDING	NONE	(add col. (a) through
			LEGENDARY LA	INDUSTRY COU		col. (c))
e			(event type)	(event type)	(total number)	33 (2))
Revenue	1	Gross receipts	897,949.	55,485.		953,434.
	2	Less: Contributions	737,324.	47,000.		784,324.
	3	Gross income (line 1 minus line 2)	160,625.	8,485.		169,110.
	4	Cash prizes				
ω	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	161,210.	12,908.		174,118.
ቯ	8	Entertainment	21,326.	7 503		21,326.
	9	Other direct expenses	111,662.	7,583.		119,245.
	10	· · · · · · · · · · · · · · ·				314,689. -145,579.
Pá	art	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization is	ine 3, column (d) answered "Yes" on Form	1990 Part IV line 19 or i	reported more than	-145,579.
•		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mile 10, or 1	eported more triair	
4		,	(-) Discour	(b) Pull tabs/instant	(-) Oth	(d) Total gaming (add
an ue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
9		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		-t-t0		Yes No
		No," explain:	ctivities in each of these	states?		. Tes INO
10=		ere any of the organization's gaming licenses re	evoked suspended orto	erminated during the tax	vear?	Yes No
		Yes," explain:		atoa danng tho tax	,	00 NO
	_					
	_					
7320	82 0	9-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017

LANDMARKS PRESERVATION COUNCIL

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization or granter, benefitiary or trusted of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the pecentage of gaming activity conducted in: 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party. 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party. 15a Does the organization from the gaming proceeds to retart the state gaming learner? 15a Does the organization required under state law to make charitable distributions from the gaming proceeds to retart the state gaming learner? 15a Is the organization required under state law to make charitable distributions from the gaming proceeds to retart the state gaming learner? 15a Is the organization required under state law to make charitable distributions from the gaming proceeds to retart the state gaming learner? 15a Is the organization organization organization required under state law to be d	Schedule G (Form 990 or 990-EZ) 2017 OF ILLINOIS	36-287	9987	Page 3
12 is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 1 The organization stacility 5 An activities facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party. 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a Does the organization have a contract with a third party. 15a Does the organization have a contract with a third party. 15a Does the organization have a contract with a third party. 15a Does the organization required under state is the third party. 15a Does the organization required under state is the trust of the organization required under state is the organization required under state is the organization required under state is to be organization on organization required under state is to be distributed to other overript organizations or spent in the organization one exempt activities during the tax year. 15c Total Total Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 10, and 17b, as applicable. Also provide any additional information. See instructions. 15c Total Total Supplemental Information. Provide the explanation information information see instructions. 15c Total Total Total Schedule 6 organization information information information. See instructions. 15c Total Total Schedule 7 organization information			Yes	$\overline{}$
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An autiside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				
13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An autiside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	to administer charitable gaming?		Yes	☐ No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name				
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	a The organization's facility	13	a	%
Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives garning revenue?			b	%
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Name ▶			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party:	Address			
of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶	ount		
c if "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organizations own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: PATRICIA HURLEY & ASSOCIATES (I) ADDRESS OF FUNDRAISER: PATRICIA HURLEY & ASSOCIATES (I) ADDRESS OF FUNDRAISER: 205 W. WACKER DR., STE 1400, CHICAGO, IL 60606 SCHEDULE G, PART II PART II OF SCHEDULE G IS FOR THE REPORTING OF FUNDS RECEIVED FROM FUNDRAISING EVENTS AND RELATED EXPENSES. THE REVENUE FROM THE EVENT IS				
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Description of services provided ▶ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? If the state gaming license? If the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: PATRICIA HURLEY & ASSOCIATES (I) ADDRESS OF FUNDRAISER: 205 W. WACKER DR., STE 1400, CHICAGO, IL 60606 SCHEDULE G, PART II PART II OF SCHEDULE G IS FOR THE REPORTING OF FUNDS RECEIVED FROM FUNDRAISING EVENTS AND RELATED EXPENSES. THE REVENUE FROM THE EVENT IS				
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Description of services provided ▶ Description of services provided ▶ Director/officer				
Description of services provided ▶ Description of services provided ▶ Director/officer	Name ▶			
Description of services provided ▶ Director/officer				
Director/officer	Gaming manager compensation \$			
Director/officer				
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Description of services provided			
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Director/officer ☐ Employee ☐ Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
retain the state gaming license?				
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: PATRICIA HURLEY & ASSOCIATES (I) ADDRESS OF FUNDRAISER: 205 W. WACKER DR., STE 1400, CHICAGO, IL 60606 SCHEDULE G, PART II PART II OF SCHEDULE G IS FOR THE REPORTING OF FUNDS RECEIVED FROM FUNDRAISING EVENTS AND RELATED EXPENSES. THE REVENUE FROM THE EVENT IS			٦.,	—
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	FIINDRAISING EVENTS AND RELATED EXPENSES THE DEVENILE FROM THE	TE E77EN	ייי דפ	

Part IV Supplemental Information (continued)
LISTED ON LINE 2 ARE TAX DEDUCTIBLE CONTRIBUTIONS MADE TO THE
ORGANIZATION AT THE EVENTS. GROSS INCOME LISTED ON LINE 3 IS THE
NON-DEDUCTIBLE PORTION OF TICKET SALES, AUCTION ITEMS, ETC. THAT ARE
PAID TO THE ORGANIZATION IN EXCHANGE FOR SERVICES. THE NET INCOME
SUMMARY REPORTS THE NET AMOUNT OF GROSS INCOME LESS EXPENSES REPORTED
ON LINE 8C OF PART VIII - STATEMENT OF REVENUE. CONTRIBUTIONS ARE
REPORTED ON LINE 1C OF PART VIII.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

LANDMARKS PRESERVATION COUNCIL Name of the organization **Employer identification number** OF ILLINOIS 36-2879987 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) FRIENDS OF PULLMAN STATE HISTORIC SITE - 11111 S. FORRESTVILLE AVE. - CHICAGO, IL 60628 35-2403811 501(C)(3) 5,000 0 HERTTAGE GRANT PROGRAM CANAAN BAPTIST CHURCH OF CHRIST 6659 S HARVARD AVE CHICAGO, IL 60621 36-3811606 501(C)(3) 5,000 0 HERITAGE GRANT PROGRAM HYDE PARK HISTORICAL SOCIETY 5529 S LAKE PARK AVE CHICAGO, IL 60637 36-2953031 501(C)(3) 5,000 0 HERITAGE GRANT PROGRAM SHELBYVILLE AREA COMMUNITY FOUNDATION - PO BOX 435 -SHELBYVILLE IL 62565 72-1545377 501(C)(3) 5 000 0 HERITAGE GRANT PROGRAM ELMHURST ART MUSEUM 150 S COTTAGE HILL AVE ELMHURST, IL 60126 36-4096612 501(C)(3) 0 HERITAGE GRANT PROGRAM 5 000 THE CENTER FOR WOMENS HISTORY AND LEADERSHIP. - 1730 CHICAGO AVE -EVANSTON, IL 60201 36-3940738 501(C)(3) 5 000 0 HERITAGE GRANT PROGRAM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2017)

12.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANE COUNTY HISTORIC PRESERVATION COMMISSION - 719 S. BATAVIA AVE -	26 6006595	KANE COUNTY	6 000	0			NEDTWACE COMME DECORAN
GENEVA, IL 60134	36-6006585	KANE COUNTY	6,000.	0.			HERITAGE GRANT PROGRAM
MOLINE COMMUNITY DEVELOPMENT CORPORATION - 1830 6TH AVENUE - MOLINE, IL 61265	26-4075669	501(C)(3)	5,000.	0.			HERITAGE GRANT PROGRAM
NEEDS AND GOALS OF ELKHART PO BOX 147							
ELKHART, IL 62634	36-3346052	501(C)(3)	5,000.	0.			WWI MONUMENT RESTORATION
AMERICAN LEGION POST 645 213 E. MADISON ST.							
HERRIN, IL 62948	81-4420622	501(C)(3)	10,000.	0.			WWI MONUMENT RESTORATIO
VILLAGE OF GREENVIEW 106 E WASHINGTON							
GREENVIEW, IL 62642	37-6001620	VILLAGE OF GREEN	VIEW 5,000.	0.			WWI MONUMENT RESTORATIO
AMERICAN LEGION POST #0488 27 RIVERSIDE RD.							
RIVERSIDE, IL 60546	36-3272006	501(C)(3)	5,000.	0.			WWI MONUMENT RESTORATION

Page 2

36-2879987 OF ILLINOIS

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	l required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE RECIPIENTS MUST DOCUMENT THA	T THEY MEE	r certain	REQUIREMEN	TS TO RECEIVE	
THE GRANTS, WHICH THE ORGANIZATION	ON RETAINS	. THE ORG	GANIZATION	ALSO RECEIVES	
JPDATES ON THE PROJECTS TO VERIF					
LANDMARKS.					
EMPERATO.					

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

LANDMARKS PRESERVATION COUNCIL Name of the organization

Employer identification number

	7 ILLINO									799	87		
Part I Excess Benefi	it Transacti	ons (section 50)1(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organizatior	ns only	/).				
Complete if the org	ganization ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25	b, oı	r Form 990-EZ, P	art V,	line 40)b.			
1	(b) F	Relationship betv			lified						(d)	Corre	cted?
(a) Name of disqualified per	rson	person and or	ganiz	ation	(4	c) D	escription of tran	sactio	n		Y	es	No
											\top		
2 Enter the amount of tax inc	curred by the o	rganization man	agers	or disc	qualified persons du	ıring	the year under						
	•	· ·	•			•	•		> \$				
3 Enter the amount of tax, if									\$				
,		•	,										
Part II Loans to and/	or From Int	erested Per	sons	5.									
Complete if the org	ganization ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or	Forr	n 990, Part IV, lir	e 26;	or if th	ne orga	anizati	on	
reported an amour	nt on Form 990	, Part X, line 5, 6	6, or 2	2.						Ū			
	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(1	f) Balance due	(g)	ln	(h) Ap	proved ard or	(i) W	ritten
interested person	with organization	of loan		n the ization?	principal amount	default?			comm	nittee?	agree	ment?	
			То	From				Yes	No	Yes	No	Yes	No
Total					> \$								
Part III Grants or Ass	istance Ber	nefiting Inter	este	d Pe	rsons.								
Complete if the org	ganization ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested pe	erson	(b) Relationship	betwe	een	(c) Amount of		(d) Type			(e) Purp	ose of	
		interested pers		ıd	assistance		assistan	ce		;	assista	ance	
		the organiza	ation										
									_				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involv	ing Interested Persons.					
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.		(e) Sha		
(a) Name of interested person	(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction					
SANDRA RAND	PARTIAL OWNER OF PR	2,760.	EVENT CATER	Yes	No X	
Part V Supplemental Information						
Provide additional information for response	onses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF PERSON: SANDRA	RAND					
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	'ION:			
PARTIAL OWNER OF PREMIER C	ATERING AND EVENTS,	BOARD MEME	ER OF ORGAN	IZAT	ION	
(D) DESCRIPTION OF TRANSAC	TION: EVENT CATERIN	G FOR THE C	RGANIZATION			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. LANDMARKS PRESERVATION COUNCIL

OF ILLINOIS

Employer identification number 36-2879987

Pai	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	X	2	0.	N/A			
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organize						_	
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29			2	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				.,
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

LANDMARKS PRESERVATION COUNCIL

Schedule M	(Form 990) 2017 OF ILLINOIS	36-2879987	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	and whether the organiza	ation

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

LANDMARKS PRESERVATION COUNCIL OF ILLINOIS

Employer identification number 36-2879987

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN THE COUNCIL SHALL BE OPEN TO ANY PERSON,

PARTNERSHIP, CORPORATION, LIMITED LIABILITY COMPANY, TRUST, ASSOCIATION OR OTHER ENTITY WHICH SUPPORTS THE OBJECTIVES AND PURPOSES FOR WHICH THE COUNCIL IS ORGANIZED. MEMBERSHIP SHALL BE DETERMINED BY THE COUNCIL ON THE BASIS OF THE MEMBER HAVING A PROPERLY COMPLETED MEMBERSHIP

APPLICATION ON FILE WITH THE COUNCIL AND HAVING PAID ALL APPLICABLE DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD SHALL BE ELECTED

BY THE MEMBERS. EACH MEMBER OF THE BOARD SHALL BE A MEMBER OF THE COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7B:

COMMITTEES OF THE BOARD. THE BOARD MAY DESIGNATE AND APPOINT ONE OR MORE COMMITTEES OF THE BOARD, EACH OF WHICH SHALL CONSIST OF TWO OR MORE DIRECTORS, WHICH COMMITTEES, TO THE EXTENT PROVIDED IN SUCH EXERCISE THE AUTHORITY OF THE BOARD WITH RESPECT TO THE COUNCIL.

THE BOARD MAY APPOINT A NON-GOVERNING EMERITUS BOARD TO CONTINUALLY ENGAGE PAST BOARD MEMBERS IN THE ORGANIZATION. THE EMERITUS BOARD SHALL HAVE NO MINIMUM OR MAXIMUM NUMBER OF MEMBERS. THE MEMBERS OF THE EMERITUS BOARD SHALL BE PERSONS WHO HAVE PREVIOUSLY SERVED ON THE LANDMARKS ILLINOIS BOARD DIRECTORS AND MEET THE OTHER QUALIFICATIONS FOR MEMBERSHIP ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 36-2879987

THE 990 IS PRESENTED TO THE FINANCE COMMITTEE BY THE STAFF OF LPCI. THE RETURN IS REVIEWED AND THE STAFF IS QUESTIONED ABOUT THE RETURN, INCLUDING SPECIFIC QUESTIONS ABOUT PRESENTATION AND TAX PROVISIONS TAKEN. THE FINANCE COMMITTEE'S CHANGES ARE INCORPORATED INTO THE FORM 990. THEN THE FINANCE COMMITTEE RECOMMENDS THE 990 TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

A CHART OF CONFLICTS IS PROVIDED TO BOARD CHAIR AND COMMITTEE CHAIRS TO MONITOR.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PAGE 6, LINE 15A

THE PRESIDENT'S SALARY IS DETERMINED AS PART OF THE BUDGET PROCESS. THE

FINANCE COMMITTEE RECOMENDS A SALARY TO THE EXECUTIVE COMMITTEE TO BE

INCULDED IN THE BUDGET AFTER CONSIDERATION OF DATA ABOUT THE COMPENSATION

OF SIMILARLY SITUATED CEOS OF NOT-FOR-PROITS. THE BOARD THEN APPROVES THE

BUDGET.

FORM 990, PAGE 6, LINE 15B

OTHER KEY EMPLOYEES' SALARIES ARE RECOMMENDED BY THE PRESIDENT AS PART OF
THE BUDGET PROCESS. THESE SALARIES ARE THEN REVIEWED IN DETAIL WITH THE
EXECUTIVE COMMITTEE BEFORE THE BUDGET IS APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

CURRENTLY AVAILABLE TO THE PUBLIC BY REQUEST. THE ORGANIZATION SENDS A

SUMMARIZED FINANCIAL STATEMENT TO ALL MEMBERS AND CERTAIN SELECT MEMBERS OF

THE PUBLIC AS PART OF ITS NEWSLETTER MAILING EACH YEAR.

4562 Form

Depreciation and Amortization (Including Information on Listed Property)

(Including Information on Listed Prope

▶ Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **17**9

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

LANDMARKS	PRESERVATION	COUNCIL	
OF ILLINO	IS		

FORM 990 PAGE 10

36-2879987

5			170 11				AGE IU		30-2019901
Pa	art Election To Expense Certain Proper	ty Under Section 1	1/9 Note: If yo	ou have any lis	sted pr	operty,	complete Part		
									510,000.
	Total cost of section 179 property place								0 000 000
	Threshold cost of section 179 property								2,030,000.
4	Reduction in limitation. Subtract line 3 fe	rom line 2. If zero	o or less, ent	er -0					
5	Dollar limitation for tax year. Subtract line 4 from line		r -0 If married fil						
6	(a) Description of pro	perty		(b) Cost (busin	ness use	only)	(c) Elected (cost	
	Listed property. Enter the amount from					7			
	Total elected cost of section 179 proper								
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sn								
	Section 179 expense deduction. Add lin							12	
	Carryover of disallowed deduction to 20				▶	13			
_	te: Don't use Part II or Part III below for I	,							
	art II Special Depreciation Allowar		-	•					_
14	Special depreciation allowance for quali	fied property (ot	her than liste	ed property) pl	laced ir	n servic	e during		
	the tax year								
	Property subject to section 168(f)(1) ele	ction							2 257
								16	3,357.
Pa	art III MACRS Depreciation (Don't i	include listed pro							
				ection A					
	MACRS deductions for assets placed in							17	
<u>18</u>	If you are electing to group any assets placed in servi							J 0 1	
	Section B - Assets	(b) Month and		or depreciation	T -		nerai Deprecia	ition Syst	em I
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(d) I	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		<u> </u>						
b		-							
		-							
d		-							
e		-							
f	20-year property	-							
	^-	-			2	5 yrs.		S/L	
<u>g</u>	25 year property	,				.5 yrs.	MM	S/L	
h	n Residential rental property	/				.5 yrs.	MM	S/L	
		/				9 yrs.	MM	S/L	
i	Nonresidential real property	/			3,	e yrs.	MM	S/L	
	Section C - Assets P	laced in Service	During 201	7 Tax Year U	sina th	ne Alter			ı stem
20a		1		Tux Tour O	Jg t.	10 7 11101		S/L	
		-			1.	2 yrs.		S/L	
k	•	/			_	0 yrs.	MM	S/L	
_	art IV Summary (See instructions.)	/	l			o y 13.	IVIIVI	U/L	<u> </u>
	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines 1			n in column (a				41	
	Enter here and on the appropriate lines	-					tr	22	3,357.
	Linto here and on the appropriate lines	or your return. F	an union on hips a	aria o corpora	TIOLIO .	200 1112	u	22	·
23									
23	For assets shown above and placed in sportion of the basis attributable to secti	service during th	e current yea	ar, enter the		23			

Form 4562 (2017)

36-2879987 Page 2

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	(a) trilough (c)	OI SECTION A	, all of Section	D, and	Section C	n app	ilicable.								
	Section A -	Depreciation	on and Other	Informa	ation (Cau	ıtion: S	See the	instruc	tions for	imits for	passeng	ger autor	nobiles.))	
24a D	o you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Y	′es L	No	24b If "\	es," is tl	ne evide	nce writ	ten?	Yes	No
((a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentaç		(d) Cost or ther basis		(e) sis for dep usiness/inv use on	reciation restment	(f) Recovery period	/ Me	(g) thod/ /ention	Depre	(h) eciation uction		
25 Sp	pecial depreciation allo	owance for q	ualified listed	propert	y placed i	n servi	ce durir	ng the t	ax year a	nd					
us	sed more than 50% in	a qualified b	usiness use								. 25				
26 Pr	operty used more tha	n 50% in a c	ualified busine	ess use	:										
		1 1	9	6											
		: :	9	6											
		1 1	9	6											
27 Pr	operty used 50% or le	ess in a quali	ified business	use:											
		1 1	9	6		_				S/L -					
		1 1	9	6						S/L -					
		1 1	·	6						S/L -					
	dd amounts in column										_				
29 Ac	dd amounts in column	(i), line 26. E											. 29		
			S	ection	B - Inforn	nation	on Use	of Ve	hicles						
to you	ır employees, first ans	wer the ques	stions in Section		see if you		an exce	ption t	(c)		section f		e vehicles e)	s. (f	
30 To	tal business/investment	miles driven d	uring the		hicle		hicle	\	/ehicle	1	nicle	1	nicle	Vehi	
	ar (don't include commu		•												
	otal commuting miles														
	otal other personal (no														
	iven														
	otal miles driven during														
Ac	dd lines 30 through 32	·) 													
	as the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
dι	uring off-duty hours?														
35 W	as the vehicle used p	rimarily by a	more												
th	an 5% owner or relate	ed person?													
36 Is	another vehicle availa	ble for perso	onal												
us	se?														
	er these questions to or related persons.		- Questions f you meet an e	-	-					-			ren't mo	ore than 5	5%
	o you maintain a writte	n policy stat	tement that nr	ohihite 1	all nerson	عاداده	of vehic	las inc	cluding co	mmutino	by you	r		Yes	No
en	nployees?														NO
	o you maintain a writte nployees? See the ins														
	o you treat all use of v														
	o you provide more th													•	
	e use of the vehicles,														
	o you meet the require														
	ote: If your answer to														
_	t VI Amortization		,		•									•	,
	(a) Description of		_	(b)		(c) Amortiza			(d) Code		(e)			(f)	,
	Description of	r costs		amortization begins	,	amoun	bie t		section		Amortiza period or per		Ar fo	mortization or this year	
42 Ar	nortization of costs th	at begins du			ar:										
				: :											
				: :											
43 Ar	mortization of costs th	at began be	fore your 2017	tax yea	ar							43			914.
44 To	otal. Add amounts in o	column (f). Se	ee the instruct	ions for	where to	report						44			914.
716252	01-25-18												F	orm 4562	2 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyin	g number		
Type or print	Name of exempt organization or other filer, see instru LANDMARKS PRESERVATION COUNTY			Employe	r identification	number (EIN) or		
P c	OF ILLINOIS			36-2879987				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 30 N. MICHIGAN AVENUE, SUIT			Social security number (SSN)				
instructions.	City, town or post office, state, and ZIP code. For a for CHICAGO , IL 60602	oreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			80		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11		
Form 990	PT (trust other than above) BONNIE MCDONALI	06	Form 8870			12		
● If the of left this box ▶ 1 I re	none No. ► 312-922-1742 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until	Group Exe and atta MA	emption Number (GEN) If ch a list with the names and EINs of Y 15, 2019, to file	this is fo	r the whole gr	sion is for.		
▶ [the organization named above. The extension is for the calendar year or or tax year beginning JUL _ 1 , 2017 ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	, an	d ending JUN 30, 2018	inal retur	<u> </u>			
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
nor	nrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	За	\$	0.		
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
est	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,					
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.		
Caution:	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879	-EO for paym		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Form AG990-IL Revised 3/05

	ffice Use Only ILLINOIS CHARITABLE ORGANIZATION AND AND AND AND AND AND AND AND AND AN		Revised 3/0
PMT	⊺# Attorney General LISA MADIGAN State Charitable Trust Bureau, 100 West		# 01-006835
	11th Floor, Chicago, Illinois 60		Check all items attached:
AMT		X	
AIVI	——————————————————————————————————————	Make Checks X	1.7
	Beginning 07/01/2017	Payable to	Copy of Form IFC
INIT		the Illinois 🕱	
	& Ending 06/30/2018	Charity Bureau Fund	\$100.00 Late Report Filing Fee
Feder	ral ID # 36-2879987 MO DAY YR		MO DAY YR
Are c	contributions to the organization tax deductible?	Date Organization was create	ed: 02/24/1971
	LEGAL LANDMARKS PRESERVATION COUNCIL	Year-end	
	NAME OF ILLINOIS	amounts	
	MAIL	A) ASSETS	A) \$ 9,494,297
	ADDRESS 30 N. MICHIGAN AVENUE, SUITE 2020	B) LIABILITIES	B) \$ 90,892
	Y, STATE CHICAGO, IL	C) NET ASSETS	C) \$ 9,403,405
	ZIP CODE 60602	PERCENTAGE	AMOUNT
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	72.930%	D) \$ 1,489,133
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.) E) GOVERNMENT GRANTS & MEMBERSHIP DUES	3.870%	E) \$ 79,025
	F) OTHER REVENUES	23.200%	F) \$ 473,713
	1) OTHER REVENUES	23.20076	17 4 175,7125
	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,041,871
II.		100 70	
	H) OPERATING CHARITABLE PROGRAM EXPENSE	48.724%	н) \$ 833,798
	·		·
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	48.724%	J) \$ 833,798
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
	(1) 00111 00010 1 EE 00111E 101110 at 111110 E0 (1110E05E5 111 0).	Ψ	
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	5.359%	K) \$ 91,703
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	54.082%	L) \$ 925,501
		06.660	456 200
	M) MANAGEMENT AND GENERAL EXPENSE	26.669%	M)\$ 456,389
	NIV. FUNDDAIGING EVDENGE	19.248%	N) \$ 329,390
	N) FUNDRAISING EXPENSE	19.240%	N) \$ 329,390
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$ 1,711,280
			σ, φ = γ : = 1 = 0
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIV (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	D. MET DECEMED DV THE CHADITY /D MINUC O. D.		R) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	к) ф
	PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS SEE STA'	темемт 1	s) \$ 55,193
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING 1		7 + 33,133
	T) NAME, TITLE:BONNIE MCDONALD - PRESIDENT		T) \$ 146,649
	U) NAME, TITLE: AMY EGE - DIRECTOR, DEVELOPMENT		U) \$ 121,957
	V) NAME, TITLE:LISA DICHIERA - DIRECTOR, ADVOCACY		V) \$ 76,923
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY CODE CATEGORIES	\$ EXPENDED)	List on back side of instructions
			CODE
798091 04-01-17	W) DESCRIPTION: PRESERVATION OF HISTORIC BUILDINGS		W)# 300
8091	X) DESCRIPTION: SEMINARS AND CONFERENCES		X) # 011
79	Y) DESCRIPTION:		Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	THE NORTHERN TRUST COMPANY - CHICAGO, IL 60603			
	JP MORGAN CHASE N.A INDIANAPOLIS, IN 46231			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: BONNIE MCDONALD - 312-922-1742			
A1 I	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

BONNIE MCDONALD

PRESIDENT or TRUSTEE (PRINT NAME) **SIGNATURE** DATE FRIEDA IRELAND SIGNATURE TREASURER or TRUSTEE (PRINT NAME) DATE

DANIEL A. FORTMAN

798101 04-01-17

PREPARER (PRINT NAME)

SIGNATURE

DATE

FORM AG990-IL	PAYMENTS TO	FUNDRAISING CONSULTANTS	STATEMENT	1
FUNDRAISING CONSUL	TANT'S NAME	ADDRESS	AMOUNT	PAID
PATRICIA HURLEY &	ASSOCIATES	205 W. WACKER DR., STE 1400, CHICAGO, IL 60606	55,	193.
TOTAL AMOUNT TO FO	RM AG990-IL,	PART III, LINE S	55,	193.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. and ending JUN 30, 2018 Open to Public Inspection

OMB No. 1545-0047

B	Check if applicable:	C Name of organization	COINCII		D Employer iden	tification number		
	∏Address	LANDMARKS PRESERVATION (OF ILLINOIS	COUNCIL					
	change Name		TINOTS		36-	-2879987		
	change	Doing business as LANDMARKS ILI Number and street (or P.O. box if mail is not delive		Room/cuita	E Telephone num			
	return _Fiṇal ,	30 N. MICHIGAN AVENUE,	·	noon/suite		2-922-1742		
	☐return/ termin- ated	City or town, state or province, country, and ZII			G Gross receipts \$	2,854,501.		
	Amender return		or foreign postal code		H(a) Is this a group			
	Applica- tion	F Name and address of principal officer:BONN	IE MCDONALD		for subordinates? Yes X No			
	pending	SAME AS C ABOVE				es included? Yes No		
T	Tax-exen	npt status: X 501(c)(3) 501(c) () <	(insert no.) 4947(a)(1) c	or 527		h a list. (see instructions)		
		WWW.LANDMARKS.ORG			H(c) Group exemp			
K	orm of o	rganization: X Corporation Trust Associ	ciation Other >	L Year		M State of legal domicile: IL		
Pa		Summary						
•	1 B	riefly describe the organization's mission or most sign	gnificant activities: HISTO	ORIC P	RESERVATIO	ON		
Governance								
ern		heck this box 🕨 📖 if the organization discontin			1			
Š		umber of voting members of the governing body (Pa				3 34		
<u>«</u>		umber of independent voting members of the gover				4 33		
ijes		otal number of individuals employed in calendar yea				5 9		
Activities &		otal number of volunteers (estimate if necessary)				6 130 7a 0.		
Ac		otal unrelated business revenue from Part VIII, colur						
	b N	et unrelated business taxable income from Form 99	0-1, line 34					
	8 C	entributions and grants (Part VIII line 1b)			Prior Year 1,136,153	Current Year 1,183,257.		
Revenue		ontributions and grants (Part VIII, line 1h)			229,344			
š	1	vestment income (Part VIII, column (A), lines 3, 4, a	d 7d)		331,637			
æ		ther revenue (Part VIII, column (A), lines 5, 4, and ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			-155,030			
	1	otal revenue - add lines 8 through 11 (must equal Pa			1,542,104			
		rants and similar amounts paid (Part IX, column (A),			53,277			
		enefits paid to or for members (Part IX, column (A),				0.		
Ś	15 0	alarios other compensation employee benefits (Pa	rt IV column (A) lines 5 10)		732,092	828,577.		
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line otal fundraising expenses (Part IX, column (D), line 2	e 11e)		53,431	55,193.		
xpe	b То	otal fundraising expenses (Part IX, column (D), line 2	₍₅₎ ► 329,39	90.				
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		554,740			
	18 To	otal expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		1,393,540			
	19 R	evenue less expenses. Subtract line 18 from line 12			148,564	330,591.		
Net Assets or Fund Balances				Ве	ginning of Current Ye	ar End of Year		
sset 3alai	20 To	otal assets (Part X, line 16)			9,161,897			
et A	21 To	otal liabilities (Part X, line 26)			197,338			
	22 N	et assets or fund balances. Subtract line 21 from lin	e 20		8,964,559	9,403,405.		
		Signature Block es of perjury, I declare that I have examined this return, inc	duding accompanying achadulas	and statem	anto and to the boot o	f my knowledge and helief it is		
		and complete. Declaration of preparer (other than officer)				i illy kilowieuge allu bellet, it is		
uuu	, сопесі,	and complete. Declaration of preparet (other than officer)	3 Daseu oli ali lillorillation ol wil	ion preparei	lias any knowledge.			
Sig	"	Signature of officer			I Date			
Her	I .	BONNIE MCDONALD, PRESIDI	ENT					
1101	`	Type or print name and title						
_	F	Print/Type preparer's name	reparer's signature		oate Check	PTIN		
Paid		ANIEL A. FORTMAN	oparor o orginataro		if self-em	P00358090		
Pre	_	irm's name WEISS & COMPANY LI	LP	<u> </u>	Firm's EIN	26 2662242		
Use	Only F	Firm's address 2700 PATRIOT BOULD		100		_		
		GLENVIEW, IL 6002			Phone no. 8	347-441-8800		
May	y the IRS	discuss this return with the preparer shown above	? (see instructions)		·	X Yes No		
		17 LHA For Panerwork Reduction Act Notice		ne		Form 990 (2017)		

1 Bielly describe the organization's mission: TO PRESERVE, PROTECT AND PROMOTE ARCHITECTURAL AND HISTORIC RESOURCES IN ILLINOIS THROUGH ADVOCACY AND EDUCATION. 2 Dot the organization undertake any significant program services during the year which were not issed on the prior Form 800 or 980-62? If "res," describe these new services on Schedule O. Dot the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, foreath program service accomplishments for each of fits three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, foreath program service accomplishments for each of fits three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, foreath program services and reverse, if any, foreath program services and reverse, if any foreath program services and reverse, if any foreath program services are allowed. 40 [Costs	Pai	rt III Statement of Program Service Accomplishments
TO PRESERVE, PROTECT AND PROMOTE ARCHITECTURAL AND HISTORIC RESOURCES IN ILLINOIS THROUGH ADVOCACY AND EDUCATION. Did the organization undertake any significant program services during the year which were not isled on the prior form 980 of 980-27		Check if Schedule O contains a response or note to any line in this Part III
Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950-E2? If "Yes," describe these new services on Schedule O. Both the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (costs) (sustement 133, 631. instanting parts of 91, 703.) (reservice 133, 631.) HERRITAGE FUND GRANT PROGRAMS — SUPPORTED THE PRESERVATION OF VARIOUS LANDMARKS STATEWIDE THROUGH GRANTMAKING. 4b (costs) (sustement 426, 188. instanting parts of 91, 703.) (reservice 150, 839.) ADVOCACY — PROVIDED TRECHNICAL ASSISTANCE. STRATEGIC ADVICE, SITE VISITS, PROBONO SERVICES TO LOCAL ADVOCATES, PROPERTY OWNERS, AND ELECTED AND MUNICIPAL OFFICALS. PUBLISHED "MOST ENDANGERED HISTORIC PLACES LIST." 4c (costs) (Sustement 5 50, 993. instanting parts of 6 10, 839.) ADVOCACY — PROVIDED TRECHNICAL ASSISTANCE. STRATEGIC ADVICE, SITE PLACES LIST." 4d (costs) (Sustement 5 50, 993. instanting parts of 6 10, 839.) ADVOCACY — PROVIDED TRECHNICAL ASSISTANCE EASEMENTS OF BUILDINGS WITH HISTORIC SIGNIFICANCE.	1	
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	-10	Form 990 (2017)

LANDMARKS PRESERVATION COUNCIL

Form 990 (2017)

OF ILLINOIS

Part IV Checklist of Required Schedules

	•			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	37	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		37	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	1/16		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		-23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	- 42	
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 42	
19	complete Schedule G, Part III	19		Х

Form **990** (2017)

LANDMARKS PRESERVATION COUNCIL

Form 990 (2017)

OF ILLINOIS

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		v	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	1
	Note. All Form 990 filers are required to complete Schedule O	38	77	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X					
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
	If "Yes," indicate the number of Forms 8282 filed during the year			37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
0	sponsoring organizations maintaining donor advised tunds. Did a donor advised fund maintained by the	8		х					
9	Sponsoring organizations maintaining donor advised funds.								
_	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a							
a Is the organization licensed to issue qualified health plans in more than one state?									
Note. See the instructions for additional information the organization must report on Schedule O.b Enter the amount of reserves the organization is required to maintain by the states in which the									
IJ	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
	, , , , , , , , , , , , , , , , , , , ,		aan	(2017)					

Form 990 (2017)

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►IL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	• • •	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finar	icial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:			
	BONNIE MCDONALD - 312-922-1742 30 N. MICHIGAN AVENUE. SUITE 2020. CHICAGO. IL 60	1602			
	OU N. MILCUIGAN AVENUE, SUITE ZUZU, CHICAGO, II. DI	JUUZ			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors	Trustees, Ke	y Employ	ees, and Hig	hest Com	pensated Emp	ployees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 \perp Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do	not c	(C Pos heck	ition) than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offic	, unle	ss pe	rson i	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK HENNING	1.00	ļ ,,		, .				0	0	_
CHAIRMAN	1 00	Х		Х				0.	0.	0.
(2) SANDRA RAND	1.00	₩		х				0.	0.	_
VICE CHAIRMAN	52.90	Х		^				0.	0.	0.
(3) BONNIE MCDONALD PRESIDENT	52.90	x		х				143,369.	0.	0.
(4) JOHN TULLY	1.00	^		^				143,303.	0.	0.
GENERAL COUNSEL	1.00	X		х				0.	0.	0.
(5) FRIEDA IRELAND	1.00	122						0.	0.	•
TREASURER	1.00	x		х				0.	0.	0.
(6) RHONDA THOMAS	1.00							•	•	•
SECRETARY		x		x				0.	0.	0.
(7) ANDREW AHITOW	0.50									
DIRECTOR		X						0.	0.	0.
(8) GARY ANDERSON	0.50									
DIRECTOR		Х						0.	0.	0.
(9) JOSEPH ANTUNOVICH	0.50									
DIRECTOR		Х						0.	0.	0.
(10) LEE BROWN	0.50									
DIRECTOR		Х						0.	0.	0.
(11) INGA CARUS	0.50									
DIRECTOR		Х						0.	0.	0.
(12) JEAN FOLLETT	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(13) JOSHUA FREEDLAND	0.50	ļ								
DIRECTOR		Х						0.	0.	0.
(14) TIMOTHY FRENS	0.50	۱						_	_	_
DIRECTOR	1 0 50	Х						0.	0.	0.
(15) ARI GLASS	0.50	Į.,						_	^	_
DIRECTOR	0.50	Х		\vdash	_			0.	0.	0.
(16) KRISTA GNATT	0.50	X						0.	0.	0.
OIRECTOR (17) JACOB GOLDBERG	0.50	^						0.	0.	<u> </u>
DIRECTOR	0.30	X						0.	0.	0.
732007 11-28-17	1	22						0.	0.	Form 990 (2017)

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Form **990** (2017

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D 11/11		-1			J I I:	la		\		901	Page 8
Cocalon 7 a Cincoro, Barcotoro,		рюу	ees			gne	st C			1	(E)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box	not c , unle	Positheck riss period a dil	tion more son i recto	than dis both	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	(F) cimated ount of other pensation om the anization related nizations
(18) JEFFREY GOULETTE	0.50							_	_		
DIRECTOR		Х						0.	0.		0.
(19) TIFFANY HAMEL JOHNSON	0.50										
DIRECTOR		Х						0.	0.		0.
(20) KATIE KIM	0.50	l							_		
DIRECTOR		Х						0.	0.		0.
(21) NICK KORICANAC DIRECTOR	0.50	х						0.	0.		0.
(22) BOB LEE	0.50										
DIRECTOR		х						0.	0.		0.
(23) JUDI MALE	0.50										
DIRECTOR		Х						0.	0.		0.
(24) ERICA MEYER	0.50										
DIRECTOR		Х						0.	0.		0.
(25) ADAM PRESSMAN	0.50										
DIRECTOR		Х						0.	0.		0.
(26) MARTIN V. SINCLAIR JR.	0.50										
DIRECTOR		Х						0.	0.		0.
1b Sub-total							•	143,369.	0.		0.
c Total from continuation sheets to Pa	rt VII, Section A						>	119,971.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	263,340.	0.		0.
Total number of individuals (including becompensation from the organization)		ose	liste	ed ab	ove	e) wh	no re	eceived more than \$100	,000 of reportable		2
											Yes No
3 Did the organization list any former of			e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J	for such individual									3	X
4 For any individual listed on line 1a, is the			-					•	-		
and related organizations greater than										4	X
5 Did any person listed on line 1a receive											- I
rendered to the organization? If "Yes,"	complete Schedul	e J f	or si	uch p	oers	son .				5	X
Section B. Independent Contractors									Φ4.00.000 r		
1 Complete this table for your five higher										sation fr	om
the organization. Report compensation		ear	enai	ng w	/ith	or w	ıtmır		/ear.	10	·
(A) Name and busi		NO	ONE	3				(B) Description of s	ervices ((C Compen	
							\dashv				
							\dashv				

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

Form 990

36-2879987 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (F) (C) (E) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee (W-2/1099-MISC) (list any organization from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (27) JJ SMITH 0.50 0. DIRECTOR Х 0. 0. (28) ANNE MARIE ST. GERMAINE 0.50 X 0. 0. 0. DIRECTOR 0.50 (29) MARTIN TANGORA 0. DIRECTOR Х 0 0. 0.50 (30) WILL TIPPENS DIRECTOR Х 0. 0. 0. 0.50 (31) BLAIR TODT 0. 0. 0. Х DIRECTOR 0.50 (32) JACK TRIBBIA 0. DIRECTOR Х 0. 0. (33) JOHN TULLY 0.50 X 0 0. 0. DIRECTOR (34) CHRISTY WEBBER 0.50 0 . X 0. DIRECTOR 0. (35) AMY EGE 43.00 X 119,971. 0. 0. DIRECTOR OF DEVELOPMENT & ENGAGEMENT 119,971 Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a					
ar our		Membership dues		79,025.				
S, G		Fundraising events		784,324.				
ar,	d	Related organizations	1d					
ini	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included above	ve 1f	319,908.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>2 g</u>	h	Total. Add lines 1a-1f		>	1,183,257.			
				Business Code				
Se	2 a	PROGRAM INCOME		900004	215,791.	215,791.		
e Zi	b							
Program Service Revenue	С							
Jev Jev	d							
rog	е							
-	f	All other program service reve						
\rightarrow	g				215,791.			
	3	Investment income (including	•	•	060 055	060 055		
		other similar amounts)			262,077.	262,077.		
	4	Income from investment of tax		- 1				
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	/ a	assets other than inventory	1,024,266	(ii) Other				
	h	Less: cost or other basis	1,024,200	•				
	b	and sales expenses	812,630					
	_	Gain or (loss)						
		Net gain or (loss)		<u> </u>	211,636.	211,636.		
		Gross income from fundraising			,	,		
une	-	including \$ 784	•					
eve		contributions reported on line						
<u>ہ</u> ھ		Part IV, line 18		169,110.				
Other Rever	b	Less: direct expenses		314,689.				
٥		Net income or (loss) from fund			-145,579.			-145,579.
		Gross income from gaming ac						
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	. <u></u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory					
ļ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							<u> </u>
	C	All alla su usus sus						<u> </u>
		All other revenue						
		Total. Add lines 11a-11d			1,727,182.	689,504.	0.	-145,579.
	12	Total revenue. See instructions.		🟲 🛘	1,141,104.	1 003,504.	υ,	-140,0/9.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp		-		
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	se or note to any line in (A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	91,703.	91,703.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
2	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	700,962.	276,179.	273,375.	151,408
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	31,261.	12,317.	12,192.	6,752
9	Other employee benefits	46,290.	17,907.	18,566.	9,817
10	Payroll taxes	50,064.	19,725.	19,525.	10,814
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,058.	2,635.	423.	
С	Accounting	42,737.		42,737.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	55,193.			55,193
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 4 - 0			
	column (A) amount, list line 11g expenses on Sch 0.)	1,172.		422.	750
12	Advertising and promotion			2 000	4 244
13	Office expenses	7,640.		3,299.	4,341
14	Information technology	8,175.		8,175.	
15	Royalties	02.662		02 (62	
16	Occupancy	93,663.	6 264	93,663.	210
17	Travel	8,563.	6,264.	1,989.	310
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	FC 000	10 506	15 400	20 015
19	Conferences, conventions, and meetings	56,989.	10,586.	15,488.	30,915
20	Interest				
21	Payments to affiliates	16,271.		16,271.	
22	Depreciation, depletion, and amortization	15,063.		15,063.	
23	Other expenses. Itemize expenses not covered	13,003.		13,003.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	ALLOCATION OF INDIRECT	0.	85,157.	-131,842.	46,685
b	PRESERVATION & OTHER PR	95,545.	78,757.	16,788.	.,
c	BANK CHARGES	15,572.	,	15,572.	
d	MEMBERSHIP EXPENSES	14,429.		14,429.	
e	All other expenses	42,241.	9,582.	20,254.	12,405
25	Total functional expenses. Add lines 1 through 24e	1,396,591.	610,812.	456,389.	329,390
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X | Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			654,684.	1	705,375
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			456,785.	3	201,975
4		Accounts receivable, net				4	
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec		-			
μ		employees' beneficiary organizations (see instr)				6	
Assets		Notes and loans receivable, net				7	
8 \$		Inventories for sale or use				8	
9		Prepaid expenses and deferred charges			92,172.	9	56,447
		Land, buildings, and equipment: cost or other			- ,		,
"		basis. Complete Part VI of Schedule D	10a	31,020.			
		Less: accumulated depreciation		23,272.	6,965.	10c	7,748
11		Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	. ,	11	, -
12		Investments - other securities. See Part IV, line			7,869,005.	12	8,448,215
13		Investments - program-related. See Part IV, line				13	, ,
14		Intangible assets		32,286.	14	24,537	
15	5	Other assets. See Part IV, line 11			50,000.	15	50,000
16		Total assets. Add lines 1 through 15 (must equ			9,161,897.	16	9,494,297
17		Accounts payable and accrued expenses			161,004.	17	33,517
18		Grants payable	36,334.	18	57,375		
19		Deferred revenue			·	19	•
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
1		Loans and other payables to current and former					
<u> </u>		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
ة ₂₃		Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		•		25	
26	6	Total liabilities. Add lines 17 through 25		_	197,338.	26	90,892
		Organizations that follow SFAS 117 (ASC 958					
ဖွ		complete lines 27 through 29, and lines 33 ar					
ဋ 27		Unrestricted net assets			8,047,103.	27	8,530,587
28		Temporarily restricted net assets			917,456.	28	872,818
29				[29	
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
5		and complete lines 30 through 34.					
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20)	Capital stock or trust principal, or current funds				30	
ğ 31		Paid-in or capital surplus, or land, building, or ed				31	
ร์ อี 32		Retained earnings, endowment, accumulated in				32	
ž 33		Total net assets or fund balances			8,964,559.	33	9,403,405
34		Total liabilities and net assets/fund balances			9,161,897.	34	9,494,297

Form **990** (2017)

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			4 50	- 4	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,39		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,96		
5	Net unrealized gains (losses) on investments	5	10	3,0	80.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5,1	75 .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,40	3,4	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	are quitte, explain why in School de O and decepting any steps to undergo and the quitte		26		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

LANDMARKS PRESERVATION COUNCIL **Employer identification number** Name of the organization OF ILLINOIS 36-2879987 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

36-2879987 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0040	(h) 004.4	(-) 0045	(-1) 0040	(-) 0047	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4				+		
ŏ	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				+		
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor	•	•				• • • • • • • • • • • • • • • • • • •
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
	Public support percentage for 2017 (column (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the						ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organia	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2016. If the org	janization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	check this box and	d stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶∟
					Sch	edule A (Form 99	0 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,051,813.	1,324,392.	1,128,108.	1,136,153.	1,164,257.	5,804,723.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,051,813.	1,324,392.	1,128,108.	1,136,153.	1,164,257.	5,804,723.
78	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5,804,723.
Se	ction B. Total Support						7 1 2 7 2 2
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	1,051,813.	1,324,392.	1,128,108.	1,136,153.	1,164,257.	5,804,723.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	450,679.	290,382.	90,408.		473,713.	1,636,819.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	450 670	200 202	00 400	221 (27	472 712	
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	450,679.	290,382.	90,408.	331,637.	4/3,/13.	1,636,819.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1 500 100	4 644 554	1 010 516	1 157 700	4 625 050	- 141 540
	Total support. (Add lines 9, 10c, 11, and 12.)	1,502,492.	1,614,774.	1,218,516.	1,467,790.		7,441,542.
14	First five years. If the Form 990 is for	r tne organization's	s tirst, second, third	a, tourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	is Compart Da					P
	ction C. Computation of Publ					1	78.00 %
	Public support percentage for 2017 (olumn (f))		15	70 00
	Public support percentage from 2016					16	78 . 93 %
Se	ction D. Computation of Inve						22 00
17	Investment income percentage for 20			e 13, column (f))		17	22.00 %
18	Investment income percentage from					18	21.07 %
19a	33 1/3% support tests - 2017. If the	-					
k	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the						X
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orgar	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	or 19b. check th	nis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		100	110
	1		
	2		
	0-		
	3a		
	3b		
	0-		
	3с		
	4a		
	4.		
	4b		
	4c		
	5a		
	5b 5c		
	50		
	6		
	U		
	7		
	8		
	0		
	9a		
	9b		
	aD		
	9с		
	40-		
	10a		
	10b		
m a	90 or 90	00-E7	2017

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	Na
4	Did the experimation provide to each of its supported experimations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , , , , , , , , , , , , , , , , , , ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	C1-		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		Ja		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)			
Secti	ion D	- Distributions		(Current Year		
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes				
2	Amou						
	organizations, in excess of income from activity						
3	Admi	nistrative expenses paid to accomplish exempt purpose	ns				
4	Amou	unts paid to acquire exempt-use assets					
5	Quali	fied set-aside amounts (prior IRS approval required)					
6	Other	r distributions (describe in Part VI). See instructions.					
7	Total	annual distributions. Add lines 1 through 6.					
8	Distril						
	(provi	ide details in Part VI). See instructions.					
9	Distri	butable amount for 2017 from Section C, line 6					
10		8 amount divided by line 9 amount					
		,	(i)	(ii)	(iii)		
Secti	ion E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017		
1	Distril	butable amount for 2017 from Section C, line 6					
2	Unde	erdistributions, if any, for years prior to 2017 (reason-					
	able o	cause required- explain in Part VI). See instructions.					
3	Exces	ss distributions carryover, if any, to 2017					
а							
b	From	2013					
С	From	2014					
d	From	2015					
е	From	2016					
f	Total	of lines 3a through e					
g	Appli	ed to underdistributions of prior years					
h	Appli	ed to 2017 distributable amount					
i	Carry	over from 2012 not applied (see instructions)					
		ainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distril	butions for 2017 from Section D,					
	line 7	·: \$					
а	Appli	ed to underdistributions of prior years					
b	Appli	ed to 2017 distributable amount					
С	Rema	ainder. Subtract lines 4a and 4b from 4.					
5	Rema	aining underdistributions for years prior to 2017, if					
	any. S	Subtract lines 3g and 4a from line 2. For result greater					
	-	zero, explain in Part VI. See instructions.		I			
6		aining underdistributions for 2017. Subtract lines 3h					
		the from line 1. For result greater than zero, explain in					
		VI. See instructions.					
7		ss distributions carryover to 2018. Add lines 3					
	and 4	-					
8		kdown of line 7:					
		ss from 2013					
		ss from 2014					
		ss from 2015					
		ss from 2016					
		ss from 2017					

Schedule A (Form 990 or 990-EZ) 2017

LANDMARKS PRESERVATION COUNCIL

Schedule A	(Form 990 or 990-EZ) 2017 OF	ILLINOIS			36-2879987 _{Page}
Part VI	Supplemental Informati Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	on. Provide the expl , 3c, 4b, 4c, 5a, 6, 9a 2 and 3; Part IV, Secti	a, 9b, 9c, 11a, 11b, and ion E, lines 1c, 2a, 2b, 3	l 11c; Part IV, Section B, line: 3a, and 3b; Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	s) (see separate instructions), then Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
		KS PRESERVATION	COUNCIL	Em	ployer identification number
	OF ILLI				36-2879987
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political campaign activity expenditively Volunteer hours for political campa	tures		>	\$
Da	art I-B Complete if the ord	ganization is exempt un	dor soction 501(a)	(3)	
	Enter the amount of any excise tax				<u>¢</u>
2	Enter the amount of any excise tax	incurred by organization mana	nare under section 1955		Ψ
	If the organization incurred a section				
	a Was a correction made?				
	o If "Yes," describe in Part IV.				10010
	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt func	tion activities	\$
	Enter the amount of the filing organ				
	exempt function activities			>	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,	
	line 17b			>	\$
	Did the filing organization file Form				
5	Enter the names, addresses and er				
	made payments. For each organiza	•			•
	contributions received that were pr	• •		•	rate segregated fund or a
	political action committee (PAC). If	1		1	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).							
A Check ► if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,				
expenses, and share of exc	ess lobbying expenditures).						
B Check ▶ ☐ if the filing organization che	cked box A and "limited control" provisions apply.						
	bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influence pa	ıblic opinion (grass roots lobbying)	16,957.					
b Total lobbying expenditures to influence a	1,276.						
c Total lobbying expenditures (add lines 1a a	nd 1b)	18,233.					
d Other exempt purpose expenditures	1,378,358.						
e Total exempt purpose expenditures (add li	1,396,591.						
	nount from the following table in both columns.	214,659.					
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
Not over \$500,000	20% of the amount on line 1e.						
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	\$1,000,000.						
g Grassroots nontaxable amount (enter 25%	of line 1f)	53,665.					
h Subtract line 1g from line 1a. If zero or less	, enter -0-	0.					
i Subtract line 1f from line 1c. If zero or less,	enter -0-	0.					
j If there is an amount other than zero on eit	her line 1h or line 1i, did the organization file Form 4720						
reporting section 4911 tax for this year?		<u>_</u>	Yes No				
	4-Year Averaging Period Under section 501(h)						

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2a Lobbying nontaxable amount	197,112.	184,757.	214,354.	214,659.	810,882.			
b Lobbying ceiling amount (150% of line 2a, column(e))					1,216,323.			
c Total lobbying expenditures	26,296.	33,241.	31,154.	18,233.	108,924.			
d Grassroots nontaxable amount	49,278.	46,189.	53,589.	53,665.	202,721.			
e Grassroots ceiling amount (150% of line 2d, column (e))					304,082.			
f Grassroots lobbying expenditures	24,455.	30,914.	28,973.	16,957.	101,299.			

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description				(b)		
of th	e lobbying activity.	Yes	No		Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or						
	local legislation, including any attempt to influence public opinion on a legislative matter						
	or referendum, through the use of:						
а	Volunteers?			4			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4			
	Media advertisements?			\dashv			
	Mailings to members, legislators, or the public?			\dashv			
	Publications, or published or broadcast statements?			+			
	Grants to other organizations for lobbying purposes?			\dashv			
	Direct contact with legislators, their staffs, government officials, or a legislative body?			+			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			+			
	Other activities?						
	Total. Add lines 1c through 1i			-			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	If "Yes," enter the amount of any tax incurred under section 4912			-			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), the complete if the organization is exempt under section 501(c)(4), sect	n 501(c)	(5) or	Sec	ction		
. u.	501(c)(6).	311 00 1(0)	(0), 0.	00.	50011		
					Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		[1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	r? ;	3			
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OI	₹ (b) F	art	III-A, lir	ne 3, is	
1	Dues, assessments and similar amounts from members		<u>L</u>	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal					
	expenses for which the section 527(f) tax was paid).						
	Current year			a l			
b	Carryover from last year			b			
С	Total		·····	:c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		<u>L</u> i	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc						
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical					
_	expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information				10/		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines	3 1 a	nd 2 (see		
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LANDMARKS PRESERVATION COUNCIL OF TIGINOTS

Employer identification number 36-2879987

Schedule D (Form 990) 2017

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line			•
		(a) Donor advised funds	(b) Fur	ids and other accounts
1	Total number at end of year	1		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	297,885.		
5	Did the organization inform all donors and donor advisors in v		sed funds	
	are the organization's property, subject to the organization's	·		X Yes No
6	Did the organization inform all grantees, donors, and donor ad	-		
	for charitable purposes and not for the benefit of the donor of			
			ŭ	X Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	X Preservation of a cert	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	555
b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	550
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	5
3	Number of conservation easements modified, transferred, rele			n during the tax
	year ▶0_			
4	Number of states where property subject to conservation eas	sement is located >1		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation eas	sements during the year
	▶ <u>1071</u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easeme	nts during the year
	▶ \$ <u>47,383.</u>			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes X No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of		ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	,	ince of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of pu	ıblic service,	provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea	, and the second	al gain, provid	le
	the following amounts required to be reported under SFAS 1	-		•
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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	t III Organizations Maintaining C		t. Historica	al Tre	easures.	or Oth	er Si	milar A	ssets	Continu		ge z
3	Using the organization's acquisition, accession		-							•		
•	(check all that apply):	on, and other record	o, on ook any c		ionownig tric	at all a a	, igi iii.o	arre doo e	111000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1101110	
а	Public exhibition	d	Loan o	r excl	nange progra	ams						
b	Scholarly research	e		. 67.6.	ianigo progri							
c	Preservation for future generations	J										
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther th	ne organizati	on's exe	empt p	urpose ir	Part)	(III		
5	During the year, did the organization solicit o											
•	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran											
	reported an amount on Form 990, Par		ga						,	,		
	Is the organization an agent, trustee, custodi		iarv for contrib	ution	s or other as	sets no	t includ	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII											
	gg		g							Amount		
С	Beginning balance							c				
	Additions during the year							d				
	Distributions during the year							le				
	Ending balance							lf				
	Did the organization include an amount on Fo							!		Yes		No
	If "Yes," explain the arrangement in Part XIII.						-					
	t V Endowment Funds. Complete it											
	·	(a) Current year	(b) Prior ye		(c) Two yea			ree years l	oack (e) Four	vears b	ack
1a	Beginning of year balance	50,000.		000.	· , ,	0,000.	(-,	50,0		<u>-, </u>	50,0	
	Contributions	, -	,			,						
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
·												
	Administrative expenses											
g	End of year balance	50,000.	50	000.	5	0,000.		50,0	000		50,0	000
2	Provide the estimated percentage of the curr	, ,	•			•,••••						
	Board designated or quasi-endowment	ent year end balanc	%	IIIII (a	ij) rielu as.							
	Permanent endowment	%										
	Temporarily restricted endowment ▶ 10											
C	The percentages on lines 2a, 2b, and 2c sho											
22	Are there endowment funds not in the posse	•	ation that are h	old a	ad administe	arod for	tha ara	anization				
Ja		SSION OF THE Organiza	ation that are i	ieiu ai	iu auriii iiste	erea ioi	ine org	jai lizatioi	•	Г	Yes	No
	by: (i) unrelated organizations									3a(i)	163	X
										3a(ii)		X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedu	 Ia R2						3b		
1	Describe in Part XIII the intended uses of the			ic it:						30		
Par	t VI Land, Buildings, and Equipm		willerit larias.									
	Complete if the organization answered		Part IV line	l1a S	ee Form 990) Part X	line 1	Ω				
	Description of property	(a) Cost or of	1		or other		ccumi		1	d) Book	value	
	Description of property	basis (investr	, ,		other)		precia		, '	J) BOOK	value	
12	Land	` `	,	3010 (40	p. 50ia					
	Land											
	Buildings Leasehold improvements								1			
				3	1,020.		23	,272.	1	7	7,74	8 -
	Equipment Other				_, 020•			, _ , _ •			,,,	•
	. Add lines 1a through 1e. (Column (d) must e		X column (P)	line 1	0c)					7	7,74	8 -
- otal	. , wa mios ta amough to poliulini juj must e	gaari oiiii ooo, i dil.	., coluini (D),	mic I	~ <i>~./</i>						, , ,	

OF ILLINOIS

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) COMMON STOCK	5,690,358.		
(B) CORPORATE BONDS	1,251,308.		
(C) REAL ESTATE INDEX FUNDS	344,677.	END-OF-YEAR MARKE	r value
(D) SHORT TERM INVESTMENT			
(E) FUNDS	140,668.		
(F) GOVERNMENT BOND FUNDS	1,021,204.	END-OF-YEAR MARKE	r value
(G)			
(H)	0 440 015		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,448,215.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			ad af vaan maankak valva
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.))	·
Part X Other Liabilities.			
Complete if the organization answered "Yes"			25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	s that reports the

Schedule D (Form 990) 2017

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	LANDMARKS PRESERVATION CO	ONCIL		36	2879987 _{Page} 4
	edule D (Form 990) 2017 OF ILLINOIS	\\/:4la	Davanua nas D		
Pai	rt XI Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		Revenue per H	eturr	1.
1	Total revenue, gains, and other support per audited financial statements			1	2,188,971
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	2,100,511
	Net unrealized gains (losses) on investments	2a	103,080.		
a b		····	44,020.	-	
			11,020.	-	
c d	1 7 0			-	
				2e	147,100
3				3	2,041,871
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2/011/071
ът а		4a			
a b			-314,689.	-	
				_	-314,689
_	Add lines 4a and 4b			4c	1,727,182
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	mente Witl	Evnences ner		
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:		i Expenses per	netu	111.
	<u> </u>				1,750,125
1	Total expenses and losses per audited financial statements			1	1,730,143
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	44,020.		
a			44,020.	-	
b	, , , , , , , , , , , , , , , , , , , ,			-	
С			211 600	-	
d	(314,689.	_	250 700
	Add lines 2a through 2d			2e	358,709 1,391,416
3	Subtract line 2e from line 1			3	1,391,410
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	,,,,		F 17F	-	
b		4b	5,175.		F 19F
	Add lines 4a and 4b			4c	5,175.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,396,591
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	ıdditional inforr	nation.		
PAI	RT II, LINE 9:				
THI	E ORGANIZATION DOES NOT REPORT REVENUE OR	EXPENS	E ASSOCIAT	ED	MITH
~~1	NGERNAMION ENGENERG LUIEN MUEN ARE RONNEE		a		
COI	NSERVATION EASEMENTS WHEN THEY ARE DONATE	D. THI	S IS BECAU	SE '	LHE
<u> </u>	CANTELETON HAS DEMERNINED IN IS NOW DECK!				2 1727 1177
ORG	GANIZATION HAS DETERMINED IT IS NOT REQUI	RED TO	ESTIMATE S	UCH	A VALUE.
THI	E ORGANIZATION RECORDS REVENUE FROM CASH	DONATIO	NS RELATED	TO	THE
EAS	SEMENT PROGRAM. EXPENSES CHARGED TO THE	EASEMEN	T PROGRAM	ARE	FOR
EMI	PLOYEE TIME SPENT AND FEES ASSOCIATED WIT	H THE E	STABLISHME	NT,	INSPECTION,
	NTTOD THE 11TD DECEMBER OF THE 2-1				
MOI	NITORING, AND DEFENSE OF EASEMENTS.				

Schedule D (Form 990) 2017

-314,689.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING - DIRECT EXPENSES

Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING - DIRECT EXPENSES	314,689.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DEPRECIATION PER BOOKS VS TAX	5,175.
	_

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions. LANDMARKS PRESERVATION COUNCIL

OF ILLINOIS

Open to Public Inspection

Employer identification number 36-2879987

OMB No. 1545-0047

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations ☐ Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) PATRICIA HURLEY & ASSOCIATES THE LEGENDARY LANDMARKS Yes No 205 W. WACKER DR., STE ELEBRATION Х 897,949 55,193 842,756. 897,949, 55 193 842 756. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

Pa	ırt	II Fundraising Events. Complete if the	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
				(b) Event #2 BUILDING INDUSTRY COU	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
une			71 /	, ,,,	,	
Revenue	1	Gross receipts	897,949.	55,485.		953,434.
	2	Less: Contributions	737,324.	47,000.		784,324.
	3	Gross income (line 1 minus line 2)	160,625.	8,485.		169,110.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	161,210.	12,908.		174,118.
	8	Entertainment	21,326.			21,326.
	9	Other direct expenses				119,245.
	10				>	314,689.
_		Net income summary. Subtract line 10 from li				-145,579.
Pa	irt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						-
<u> </u>	1	Gross revenue				
S	2	Cash prizes				
bense	3	Noncash prizes				
Direct Expenses		Rent/facility costs				
莅		Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Net gaming income summary. Subtract line 7				
		ter the state(s) in which the organization condu	· · -			
		the organization licensed to conduct gaming a				Yes No
i.	11	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2017 732082 09-13-17

LANDMARKS PRESERVATION COUNCIL

Schedule G (Form 990 or 990-EZ) 2017 OF ILLINOIS	36-28	37998	7 Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
b An outside facility	_	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:		
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount		
of gaming revenue retained by the third party >\$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ►			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		└── Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	t in the		
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III lin	00 O Ob	10h 15h
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, IIn	es 9, 9b,	100, 150,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	AISER	5:	
(I) NAME OF FUNDRAISER: PATRICIA HURLEY & ASSOCIATES			
(I) ADDRESS OF FUNDRAISER: 205 W. WACKER DR., STE 1400, CHI	CAGO,	IL	60606
SCHEDULE G, PART II			
PART II OF SCHEDULE G IS FOR THE REPORTING OF FUNDS RECEIVE	D FRO	4	
EININDATCING EVENING AND DELAMED EVDENGEG MUE DEVENUE EDOM M		י חואיב	c
FUNDRAISING EVENTS AND RELATED EXPENSES. THE REVENUE FROM T CATEGORIES INTO CONTRIBUTION REVENUE AND OTHER REVENUE. CON			
CILLOCILLE INTO CONTINED CITAL NEW CONTINENT C		2112	

Part IV Supplemental Information (continued)
LISTED ON LINE 2 ARE TAX DEDUCTIBLE CONTRIBUTIONS MADE TO THE
ORGANIZATION AT THE EVENTS. GROSS INCOME LISTED ON LINE 3 IS THE
NON-DEDUCTIBLE PORTION OF TICKET SALES, AUCTION ITEMS, ETC. THAT ARE
PAID TO THE ORGANIZATION IN EXCHANGE FOR SERVICES. THE NET INCOME
SUMMARY REPORTS THE NET AMOUNT OF GROSS INCOME LESS EXPENSES REPORTED
ON LINE 8C OF PART VIII - STATEMENT OF REVENUE. CONTRIBUTIONS ARE
REPORTED ON LINE 1C OF PART VIII.

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public**

Internal Revenue Service Inspection LANDMARKS PRESERVATION COUNCIL Name of the organization **Employer identification number** OF ILLINOIS 36-2879987 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) FRIENDS OF PULLMAN STATE HISTORIC SITE - 11111 S. FORRESTVILLE AVE. - CHICAGO, IL 60628 35-2403811 501(C)(3) 5,000 0 HERTTAGE GRANT PROGRAM CANAAN BAPTIST CHURCH OF CHRIST 6659 S HARVARD AVE CHICAGO, IL 60621 36-3811606 501(C)(3) 5,000 0 HERITAGE GRANT PROGRAM HYDE PARK HISTORICAL SOCIETY 5529 S LAKE PARK AVE CHICAGO, IL 60637 36-2953031 501(C)(3) 5,000 0 HERITAGE GRANT PROGRAM SHELBYVILLE AREA COMMUNITY FOUNDATION - PO BOX 435 -SHELBYVILLE IL 62565 72-1545377 501(C)(3) 5 000 0 HERITAGE GRANT PROGRAM ELMHURST ART MUSEUM 150 S COTTAGE HILL AVE ELMHURST, IL 60126 36-4096612 501(C)(3) 0 HERITAGE GRANT PROGRAM 5 000 THE CENTER FOR WOMENS HISTORY AND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

36-3940738 501(C)(3)

HERITAGE GRANT PROGRAM

3 Enter total number of other organizations listed in the line 1 table

LEADERSHIP. - 1730 CHICAGO AVE -

Schedule I (Form 990) (2017)

12.

5 000

0

EVANSTON, IL 60201

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANE COUNTY HISTORIC PRESERVATION COMMISSION - 719 S. BATAVIA AVE - GENEVA, IL 60134	36-6006585	KANE COUNTY	6,000.	0.			HERITAGE GRANT PROGRAM
MOLINE COMMUNITY DEVELOPMENT CORPORATION - 1830 6TH AVENUE - MOLINE, IL 61265	26-4075669	501(C)(3)	5,000.	0.			HERITAGE GRANT PROGRAM
NEEDS AND GOALS OF ELKHART PO BOX 147 ELKHART, IL 62634	36-3346052	501(C)(3)	5,000.	0.			WWI MONUMENT RESTORATION
AMERICAN LEGION POST 645 213 E. MADISON ST. HERRIN, IL 62948	81-4420622	501(C)(3)	10,000.	0.			WWI MONUMENT RESTORATION
VILLAGE OF GREENVIEW 106 E WASHINGTON GREENVIEW, IL 62642	37-6001620	VILLAGE OF GREEN	VIEW 5,000.	0.			WWI MONUMENT RESTORATION
AMERICAN LEGION POST #0488 27 RIVERSIDE RD. RIVERSIDE, IL 60546	36-3272006	501(C)(3)	5,000.	0.			WWI MONUMENT RESTORATION

OF ILLINOIS

Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE RECIPIENTS MUST DOCUMENT THAT	THEY MEE	T CERTAIN	REQUIREMEN	TS TO RECEIVE	
THE GRANTS, WHICH THE ORGANIZATION	I RETAINS	. THE ORG	SANIZATION	ALSO RECEIVES	
UPDATES ON THE PROJECTS TO VERIFY	THE FUND	S ARE BEIN	IG USED TO	RESTORE	
LANDMARKS.					

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LANDMARKS PRESERVATION COUNCIL

Employer identification number

	Ö	F ILL:	INO	IS						36	-28	799	87			
Part I	Excess Bene	fit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c))(29) organizatior	ns only	<i>'</i>).					
	Complete if the o	organization	ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25	b, or	r Form 990-EZ, P	art V, I	ine 40	Db.				
1 (a) Na	me of disqualified p	nerson	(b) F	Relationship betv			lified	(c) Description of trans			neaction			(d) Corrected?		
(a) Na		0013011		person and or	ganiza	ation		C) D		340110	<u>''</u>		Y	es	No	
													_			
													-			
													+			
2 Enter	the amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualified persons du	ıring	the year under							
											> \$					
3 Enter	the amount of tax,	if any, on lir	ne 2, a	above, reimburs	ed by	the or	ganization				> \$					
Part II	Loans to and	l/or Fron	a Int	arested Der	eone											
ı art ii							, Part V, line 38a or	Eorn	n 000 Part IV lin	o 26:	or if th	o orac	nizati	on		
	reported an amo	-					., Fait v, iiile 30a 0i	ı	11 990, Fait IV, III	16 20, 1	וו נו	ie orga	ııızatı	OH		
(a	a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original	(f	f) Balance due	(g)	In	(h) Ap by bo	proved	(i) W	ritten	
inter	ested person	with organiz	zation of loan or			n the zation?	principal amount	`	•	defa		comm	nittee?	agreement		
					То	From				Yes	No	Yes	No	Yes	No	
								_								
								_								
								\vdash							_	
								\vdash							_	
								t								
Total Part III	Grants or As	cictanco	Bor	efiting Inter	ceto	d Da	\$									
raitiii	Complete if the o															
(a) N	lame of interested p	-		b) Relationship			(c) Amount of		(d) Type	of		(e) Purn	ose of		
(4)		3010011	'	interested pers	on an		assistance		assistan				assist			
				the organiza	ation											
			\bot													
			-								\perp					
			-								_					
			+								-					
			1								-					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Complete the congrantation answered "Yes" on From 980, Part IV, line 28a, 28b, or 28c.	Schedule L (Form 990 or 990-EZ) 2017 OF ILI	INOIS		36-2879	987	Page 2
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Sharing of organizations revenues? Yes No SANDRA RAND PARTIAL OWNER OF PR 2,760 EVENT CATER X Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION						
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction (e) Sharing of organizations revenues? Yes No SANDRA RAND PARTIAL OWNER OF PR 2,760.EVENT CATER X Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION	Complete if the organization answered	"Yes" on Form 990 Part IV line 28a 2	28h or 28c			
Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION		(b) Relationship between interested	(c) Amount of		organi reve	zation's nues?
Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION	CANDDA DAND	DADELAL OFFICE OF DD	2 760	ELIENTE CAMED		
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION	SANDRA RAND	PARTIAL OWNER OF PR	2,760.	EVENT CATER		X
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION						
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION						
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Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION						
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION						1
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(A) NAME OF PERSON: SANDRA RAND (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION				ED PERSONS:		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION			110 11111111111111111111111111111111111			
PARTIAL OWNER OF PREMIER CATERING AND EVENTS, BOARD MEMBER OF ORGANIZATION	(A) NAME OF FERSON: SANDRA	1 KAND				
	(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	CION:		
(D) DESCRIPTION OF TRANSACTION: EVENT CATERING FOR THE ORGANIZATION	PARTIAL OWNER OF PREMIER O	CATERING AND EVENTS,	BOARD MEME	BER OF ORGAN	IZAT	'ION
	(D) DESCRIPTION OF TRANSAC	TION: EVENT CATERIN	G FOR THE C	RGANIZATION		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. LANDMARKS PRESERVATION COUNCIL

ILLINOIS

Employer identification number 36-2879987

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if applicable	Number of contributions or	Noncash contrib		Method of de noncash contribu		•	
		applicable		Form 990, Part VIII,		Horicasii continod	ition ai	nount.	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -				•				
	Historic structures	X	2		0.	N/A			
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization completed Form 828		•					2	
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement	29				No
200	During the year did the examination receive by	, contributio	an any proporty ro	antad in Dart L lines	1 throu	ab 20 that it		Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date								
	· ·		•	•			30a		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.						Jua		
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonetandard	contribu	itions?	31		Х
	Does the organization hire or use third parties of								
uza			· ·				32a		х
h	contributions? If "Yes," describe in Part II.						02a		
33	If the organization didn't report an amount in co	olumn (c) fo	or a type of propert	v for which column (a) is che	cked			
55	describe in Part II.	o.a.i.ii (0 <i>)</i> 10	, a type of propert	y 151 Willolf Column (ما ان دا اد	onou,			
	GOOGLING HIT GILL.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

LANDMARKS PRESERVATION COUNCIL

Schedule M	M (Form 990) 2017 OF ILLINOIS	36-2879987	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information.	o, and 33, and whether the organization	ation

Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LANDMARKS PRESERVATION COUNCIL OF ILLINOIS

Employer identification number 36-2879987

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN THE COUNCIL SHALL BE OPEN TO ANY PERSON,

PARTNERSHIP, CORPORATION, LIMITED LIABILITY COMPANY, TRUST, ASSOCIATION OR OTHER ENTITY WHICH SUPPORTS THE OBJECTIVES AND PURPOSES FOR WHICH THE COUNCIL IS ORGANIZED. MEMBERSHIP SHALL BE DETERMINED BY THE COUNCIL ON THE BASIS OF THE MEMBER HAVING A PROPERLY COMPLETED MEMBERSHIP

APPLICATION ON FILE WITH THE COUNCIL AND HAVING PAID ALL APPLICABLE DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD SHALL BE ELECTED

BY THE MEMBERS. EACH MEMBER OF THE BOARD SHALL BE A MEMBER OF THE COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7B:

COMMITTEES OF THE BOARD. THE BOARD MAY DESIGNATE AND APPOINT ONE OR MORE COMMITTEES OF THE BOARD, EACH OF WHICH SHALL CONSIST OF TWO OR MORE DIRECTORS, WHICH COMMITTEES, TO THE EXTENT PROVIDED IN SUCH EXERCISE THE AUTHORITY OF THE BOARD WITH RESPECT TO THE COUNCIL.

THE BOARD MAY APPOINT A NON-GOVERNING EMERITUS BOARD TO CONTINUALLY ENGAGE PAST BOARD MEMBERS IN THE ORGANIZATION. THE EMERITUS BOARD SHALL HAVE NO MINIMUM OR MAXIMUM NUMBER OF MEMBERS. THE MEMBERS OF THE EMERITUS BOARD SHALL BE PERSONS WHO HAVE PREVIOUSLY SERVED ON THE LANDMARKS ILLINOIS BOARD DIRECTORS AND MEET THE OTHER QUALIFICATIONS FOR MEMBERSHIP ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 36-2879987

THE 990 IS PRESENTED TO THE FINANCE COMMITTEE BY THE STAFF OF LPCI. THE RETURN IS REVIEWED AND THE STAFF IS QUESTIONED ABOUT THE RETURN, INCLUDING SPECIFIC QUESTIONS ABOUT PRESENTATION AND TAX PROVISIONS TAKEN. THE FINANCE COMMITTEE'S CHANGES ARE INCORPORATED INTO THE FORM 990. THEN THE FINANCE COMMITTEE RECOMMENDS THE 990 TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

A CHART OF CONFLICTS IS PROVIDED TO BOARD CHAIR AND COMMITTEE CHAIRS TO MONITOR.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PAGE 6, LINE 15A

THE PRESIDENT'S SALARY IS DETERMINED AS PART OF THE BUDGET PROCESS. THE

FINANCE COMMITTEE RECOMENDS A SALARY TO THE EXECUTIVE COMMITTEE TO BE

INCULDED IN THE BUDGET AFTER CONSIDERATION OF DATA ABOUT THE COMPENSATION

OF SIMILARLY SITUATED CEOS OF NOT-FOR-PROITS. THE BOARD THEN APPROVES THE

BUDGET.

FORM 990, PAGE 6, LINE 15B

OTHER KEY EMPLOYEES' SALARIES ARE RECOMMENDED BY THE PRESIDENT AS PART OF
THE BUDGET PROCESS. THESE SALARIES ARE THEN REVIEWED IN DETAIL WITH THE
EXECUTIVE COMMITTEE BEFORE THE BUDGET IS APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

CURRENTLY AVAILABLE TO THE PUBLIC BY REQUEST. THE ORGANIZATION SENDS A

SUMMARIZED FINANCIAL STATEMENT TO ALL MEMBERS AND CERTAIN SELECT MEMBERS OF

THE PUBLIC AS PART OF ITS NEWSLETTER MAILING EACH YEAR.

	nployer identification number 36–2879987
TODA 000 DADE VI I IND 0 GUANGEG IN NEE AGGEEG	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK TO TAX DEPRECIATION	5,175.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

T. 73 N	DMARKS PRESERVATION	COUNCEL.		Duemose of demony to in			lasim, mg names
	ILLINOIS	COUNCIL		FORM 990 E	PAGE 10		36-2879987
Par		ty Under Section 17				V hefore v	
			o note: ii you navo		•	1 4 1	510,000.
	otal cost of section 179 property place						320,0001
	nreshold cost of section 179 property						2,030,000.
							2,030,000
_	eduction in limitation. Subtract line 3 f					···· 	
	ollar limitation for tax year. Subtract line 4 from line (a) Description of pro			tely, see instructions st (business use only)	(c) Elected		
6	(a) Description of pro-	регту	(b) 003	st (business use only)	(c) Elected (
	sted property. Enter the amount from						
	otal elected cost of section 179 prope						
	entative deduction. Enter the smaller						
10 C	arryover of disallowed deduction from	line 13 of your 20	016 Form 4562			10	
11 B	usiness income limitation. Enter the sr	naller of business	income (not less th	an zero) or line 5		11	
12 S	ection 179 expense deduction. Add lir	nes 9 and 10, but	don't enter more th	an line 11 <u></u>		12	
13 C	arryover of disallowed deduction to 20	18. Add lines 9 a	nd 10, less line 12	13			
Note:	Don't use Part II or Part III below for I	isted property. In	stead, use Part V.				
Par	t II Special Depreciation Allowa	nce and Other D	epreciation (Don't	nclude listed prope	rty.)		
14 S	pecial depreciation allowance for qual	fied property (oth	er than listed prope	erty) placed in servic	e during		
th	ie tax year			• / .	· ·	14	
	roperty subject to section 168(f)(1) ele						
	ther depreciation (including ACRS)						3,357.
Par							
	·		Section A				
17 M	ACRS deductions for assets placed in	service in tax ve	ars beginning befor	e 2017		17	
	ou are electing to group any assets placed in serv					ï	
	Section B - Assets					ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only - see instruction	tion use (d) Recovery		1	(g) Depreciation deduction
19a	3-year property						
<u> </u>	5-year property	-					
	7-year property	-					
d	10-year property	-					
e	15-year property	-					
f	20-year property	-					
		-		25 yrs.		S/L	
<u>g</u>	25-year property	,			NANA	 	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
	Section C - Assets P	/	During 2017 Tay V	our I lainer tha Altar	MM Donroe	S/L	łow.
		laced in Service	During 2017 Tax 1	ear Using the Aite		 	tem
<u>20a</u>	Class life	-		1-		S/L	
b	12-year			12 yrs.		S/L	
C	40-year	/		40 yrs.	MM	S/L	
Par							
21 Li	sted property. Enter amount from line	28				21	

716251 01-25-18 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

3,357.

23

Form 4562 (2017) OF ILLINOIS 36-2879987 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No Yes No (b) (c) (i) (e) (f) (g) (h) (a) Type of property **Date** Business/ Elected Basis for depreciation Method/ Depreciation Cost or Recovery placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: % S/L S/L -% % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles **33** Total miles driven during the year. Add lines 30 through 32 Yes 34 Was the vehicle available for personal use Yes Yes No No Yes No Yes No Yes No No during off-duty hours? **35** Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization (a) Description of costs (f) Amortization for this year (c) Amortizab amount (d) Code section (b) (e) Date amortization Amortization begins period or percentag 42 Amortization of costs that begins during your 2017 tax year:

716252 01-25-18 Form **4562** (2017

43 Amortization of costs that began before your 2017 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43